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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SURJECT. MADDEN Brothers To	RESTAURANT DEVELOPMENT COMPANY	
(Name of Limited	Liability Company)	
The enclosed member, managing member or ma filing.	PESTAURANT DEVE OPINENT COMPANY Liability Company) mager resignation and fee(s) are submitted for semanter to:	
Please return all correspondence concerning this	matter to:	
JEFFREY MADDEN	بن ښ	
(Contact Person)		
MADRN BROTHER RESTAURANT DEL		
9240 WIDNIGHT ASS RD /	APT D	
SANASOTA, FC 34242 (City/State and Zip Code)		
For further information concerning this matter, p	blease call:	
Jeff Madden at	(941) 586-9929 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it app EN BROTHELS RESTAU			
2. This limited liability FLORIDA	ry company was organized unde	er the laws of:		SECON GF CO
3. The Florida docum	ent/registration number of this	limited liability comp	oany is:	SEP-7 PH SO 08
(Print Nam	ity company and affirm the limit	, hereby resign as a _ ited liability company		_
Jogn D. V	Maching Member, Managing Member	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			