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SEP 02 2015

J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BOSS WINGS X LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Tawanda Roberts (Contact Person)
BOSS WINGS X LLC (Firm/Company)
120 Guthrie Drive
Southwen MS 38671 (City/State and Zip Code)
For further information concerning this matter, please call:
Tawanda Roberts at (1462) 470-5402 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee
•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Boss Wings X LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
CC08	318796942
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 61115
4. I, Tomn (Print N	MIL A Roberts, hereby withdraw/resign as a significant formula of Person Resigning)
Man	Qger Printfille)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
	ue a lotert
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)