

L49000006227

Requester's Name
P. O. Box 2527
Address
Fort Myers, Fl. 33922-2527
City/State/Zip Phone #

400005481694--3
-05/07/02--01068--015
****120.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
MAY -7 AM 9:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

L49-6227
OR

Examiner's Initials

Law Offices

GARGANO & MARCHEWKA, L.L.P.

2075 West First Street, Suite 203
Fort Myers, Florida 33901
941-337-2280 ext. 3
FAX 941-337-7705

Anthony J. Gargano

Please reply to:
P.O. Box 2527
Fort Myers, Florida 33902-2527
AJGLAW@aol.com

May 3, 2002

Florida Department of State
Division of Corporations
Post Office Box 6237
Tallahassee, Florida 32314

RE: Resignations (4)

Dear Madam:

I have enclosed four resignations for filing. I have also enclosed a check made payable to the Secretary of State in the amount of \$120.00 in payment of your required fees.

After the Resignations have been filed, please furnish me with confirmation of filing. Thank you for your cooperation and assistance.

Sincerely,



Rebecca D. Stokes
Legal Assistant

enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -7 AM 9:20

FILED

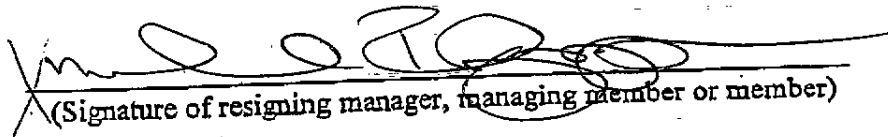
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael Filzenger, hereby resign as Manager
(Title)
of Bogert's Chop House, L.L.C.
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079(10/99)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -7 AM 9:20

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