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(Add	dress)	
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COVER LETTER

	stration S sion of C	section orporations		
SUBJECT:	East C	oast Family Restaul	rant Holdings, L	LC
SCHOLETT _		(Name of For	eign Limited Liabilit	y Company)
Dear Sir or M	adam:			
The enclosed	withdrav	al and fee(s) are submitted	d for filing.	
Please return	all corres	pondence concerning this	matter to the followi	ng:
Jessica Hi	ill			
		(Name of Person)		
Promether	us Par	ners, LP		
		(Firm/Company)		_
1340 Ham	ılet Ave	enue		
		(Address)	,	
Clearwate	r, FL 3	3756		
		(City/State and Zip Code	e)	_
For further int	formatio	n concerning this matter, p	lease call:	
Jessica Hi	ill		727 at (443-5656 ext. 314
	(Nan	ne of Person)		& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check f	or the following amount:		
S25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	 S60 Filing Fee, Certificate of Status & Centified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

East Coast F	-amily Restaurant Holdings, LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
8/3/2012	
	(Date registered with Florida Department of State)
M120000043	389
	(Florida Document Number)
This limited li	ability company is withdrawing its certificate of authority in this state.
	(Signature of authorized representative)
	Nicholas Peters 55
	Nicholas Peters (Typed or printed name of signee) (Typed or printed name of signee) (Typed or printed name of signee)

Filing Fee: \$25.00