•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
•	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	

Office Use Only



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09/19/08--01015--008 **35.00

officer Resignation
TB 9/24/08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Trotter's Irish Pub	
	(Name of Corporation)
DOCUMENT NUMBER: PO	8000015431
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
Steven Smith	
(Name of Pe	rson)
Trotter's Irish Pub & Eatery, Ir	nc.
(Name of Firm/C	Company)
6400 Times Square Avenue S	Suite A
(Address	
Orlando FL 32835	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Steven Smith	at (407) 353-2361
(Name of Person)	at (407) 353-2361 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ZOOR SEP 19 PM 4: 00
TALLAHASSEE. FLORIDA

Patrick Ledbetter	, hereby resign as Vice-President
	(Title)
of Trotter's Irish Pub & Eatery, Inc.	
(Name of Corpor	ation)
P08000015431, a corp	poration organized under the laws of the State of
Florida	
	\

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314