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	ess) State/Zip/Phon WAIT ess Entity Na ment Number		

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2015

DEVAN MATHURA / CLEARWATER BEACH TREATS LLC 1901 S JOHN YOUNG PKWY SUITE 101 KISSIMMEE, FL 34741 US

SUBJECT: CLEARWATER BEACH TREATS, LLC

Ref. Number: L13000092974

We have received your document for CLEARWATER BEACH TREATS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 315A00003858

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CLEARWATER BEACH TR	EATS, LLC	
	ited Liability Comp	oany)
The enclosed member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
DEVAN MATHURA		
(Contact Person)		
CLEARWATER BEACH TREATS, LLC		
(Firm/Company)		
1901 S. JOHN YOUNG PARKWAY, ST	E 101	
(Address)		
KISSIMMEE, FL 34741		
(City/State and Zip Code)	-	
For further information concerning this matt	er, please call:	
DEVAN MATHURA	407 at (217-5704
(Name of Contact Person)	(Area Code &	& Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee		epartment of State for: Fee & Certified Copy

STREET/COURIER ADDRESS:

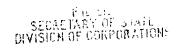
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

MAILING ADDRESS:

CR2E079 (2/14)





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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)

	EARWATER BEACH TRI	as it appears on the records of the Florida Department
	ument/registration number	assigned to this limited liability company is:
4. I, KHALID KHA	AN	esigned or will withdraw/resign is: , hereby withdraw/resign as a
MANAGING	MEMBER	
		the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
	\$25.00 (Required) \$30.00 (Optional)	