

- (1	Requestor's Name)	
(/	Address)	
(i	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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DIVISION OF COMPONENTS

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July 21, 2017

MARPHA BRUMMETT 3380 21ST AVE SW NAPLES, FL 34117

SUBJECT: ASIAN RESTAURANT CONCEPT LLC

Ref. Number: L17000036777

We have received your document for ASIAN RESTAURANT CONCEPT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE LIST THE DATE THAT MEMBER RESIGNED/WITHDREW.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 917A00014801





July 3, 2017

MARPHA BRUMMETT 3380 21ST AVE SW NAPLES, FL 34117

SUBJECT: ASIAN RESTAURANT CONCEPT LLC

Ref. Number: L17000036777

We have received your document for ASIAN RESTAURANT CONCEPT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list date member/manager resigned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00013441

Octavia I Simmons Regulatory Specialist II

NE CETYE.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Asian Restaurant Confept LL((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:
Marpha C- Brummett (Contact Person)
WOW Asian Fusion Kitchen, Wine Ban (Firm/Company)
3380 219T Avenue SW (Address)
Naples, FL 34117 (City/State and Zip Code)
For further information concerning this matter, please call:
Marpha Brummett at (239) 935-9100 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$25 Filing Fee \$\infty\$ \$55 Filing Fee & Certified Copy
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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 100 605 0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	sian Restaurant Concept. LLC
	ument/registration number assigned to this limited liability company is:
850	cmber/manager withdrew/resigned or will withdraw/resign is: Fermin Jahon
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: Fermin Youhon
4.1. <u>Feymi</u> (Print)	Name of Person Resigning). hereby withdraw/resign as a
	(PrincFitte)
of this limited lie resignation in ye	bility company and affirm the limited liability company has been notified of my iting.
	6/26/17
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)