

L05000100281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

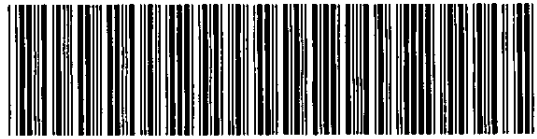
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2015

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** El Jalisco #3 Mexican Restaurant, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frances Casey Lowe, Esq.

Name of Person

Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A.

Firm/Company

68 A Feli Way

Address

Crawfordville, FL 32327

City/State and Zip Code

francie@francelowe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frances Casey Lowe at (850) 926-8245  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle

**MAILING ADDRESS:**

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

**WITHDRAWAL STATEMENT**

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

**FIRST:** The name of the limited liability company is: El Jalisco #3 Mexican Restaurant, LLC

**SECOND:** The Florida Document number of the limited liability company is: L05000100281

**THIRD:** The record to be withdrawn is: \_\_\_\_\_

LLC Amendment filed 5/22/2015, Record# 500273044895

**FOURTH:** Please check the appropriate box

☐ This withdrawal statement is signed by all the persons who signed the record being withdrawn.  
or

☒ This record is withdrawn in accordance with the agreement of all the persons who signed the record.

Frances Casey Lowe  
Signature of person submitting withdrawal

Frances Casey Lowe, Esq.  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

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Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

Filing fee: \$25.00  
Certified Copy: \$30.00 (optional)

FILED  
15 OCT 20 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA