(Re	equestor's Name)			
(Ad	ldress)			
(Ád	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
i				

Office Use Only

G. MCLEOD

MAR 1 7 2009

**EXAMINER** 



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03/16/09--01025--012 \*\*25.00

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Cowboy Bill's Honky Tonk	
(Name of Limited L	iability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted fo
Please return all correspondence concerning this r	natter to:
William LaRose	
(Contact Person)	
Cowboy Bill's Honky Tonk Saloon	
(Firm/Company)	
1107 Key Plaza # 177	
(Address)	
Key West, FL 33040	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
William LaRose at (	305 ) 295-8219
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 3230.	Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as vboy Bill's Honky Tor		s of the Florida	Depart	tment
2. This limited liab	lity company was organized	l under the laws of:			
3. The Florida docu L06000045	ment/registration number of	this limited liability con	npany is:		
	nme of Person Resigning) sility company and affirm the	, hereby resign as a	(Print Tit	le)	
Signature of Resi	MDMMAA gning Member, Managing M	lember or Manager			
	\$25.00 (Required) \$30.00 (Optional)			09 MAR 16	SECRETARY