

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV -9 PM 3:36

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cowboy Bill's Honky Tonk Saloon, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William LaRose

Name of Person

Cowboy Bill's Honky Tonk Saloon LLC

Firm/Company

1107 Key Plaza #177

Address

Key West, FL 33040

City/State and Zip Code

cowboybillskw@yahoo.com

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

For further information concerning this matter, please call:

Jacqueline Nobili

Name of Person

at (305)

295-8219

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

Cowboy Bill's Honky Tonk Saloon, LLC

(A Florida Limited Liability Company)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

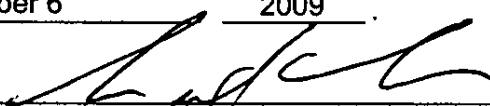
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	R.D. McGregor	62 Sunset Key Drive	<input checked="" type="checkbox"/> Add
		Key West, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 6 2009



Signature of a member or authorized representative of a member

William LaRose

Typed or printed name of signee