

LV7000098536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

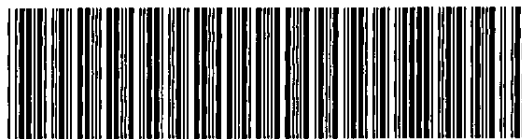
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AUG 18 2011

EXAMINER



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08/18/11--01028--010 **160.00

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 AUG 18 PM 12:55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 18 PM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERFRONT SALOON, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

~~STACY SMALL~~ Ann Black
(Contact Person)

SMITH THOMPSON SHAW & MANAUSA, P.A.
(Firm/Company)

3520 THOMASVILLE ROAD, 4TH FLOOR
(Address)

TALLAHASSEE, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

~~STACY SMALL~~ Ann Black at (850) 893-4105
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RIVERFRONT SALOON, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L07000098536

4. I, JOHN O. WILLIAMS, hereby resign as a MGMR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)