

L07000102195

Florida Department of State  
Division of Corporations  
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(((H17000145260 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.  
Account Number : I20050000159  
Phone : (772) 231-4440  
Fax Number : (772) 231-4430

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Michael@michaelkahnpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MATT'S CASBAH GRILL, LLC

Certificate of Status	0
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S. WARREN  
MAY 31 2017

**COVER LETTER**

(((H17000145260 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Matt's Casbah Grill, LLC

(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:

Michael Kahn

(Contact Person)

Michael Kahn, P.A.

(Firm/Company)

482 N. Harbor City Blvd

(Address)

Melbourne, FL 32935

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kahn

(Name of Contact Person)

at 321 242-2564  
(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

CR26079 (2/14)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Matt's Casbah Grill, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L07000102195

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5-26-17

4. I, Harry Deffebach, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MNGM

(Print Title)

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

Harry Deffebach  
Signature of Dissociating Member or Resigning Manager

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

FILED  
17 MAY 30 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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