## L'11000071892

(Re	questor's Name)		
(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Do	cument Number	)	
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:  WORD FORM			
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S Warren DEC 2 0 2016



December 7, 2016

DOUGLAS PERERA P.O. BOX 291676 DAVIE, FL 33329

SUBJECT: COWBOYS SALOON DAVIE, LLC

Ref. Number: L11000071892

We have received your document for COWBOYS SALOON DAVIE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 116A00026068

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Goways Solar Davie UC (Name of Corporation)
DOCUMENT NUMBER: 6/1000 7/892
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Douglas Pecra (Name of Person)
(Name of Person)
(Name of Firm/Company)
P. D. Box 291676 (Address)
DAU IE A 23329 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (357) 424 7564 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	0115, Florida Statutes, the un	dersigned,	
Douglas A F	erera	, hereby resigns as	
Name of Registered	Agent		
Registered Agent for <u>COWBU</u>	s Saloon Da	wie LLC	
Name of	Limited Liability Company		·
L11000071897			
Document Number, it known	·		
A copy of this resignation was mailed to t	he above listed limited liabili	ty company at its last kno	wn address.
The agency is terminated and the office di	iscontinued on the 31st day a	fter the date on which this	statement is filed.
The agency is terminated and the office of	iscontinued on the 5 1st day a.	ner me date on which and	Statement 15 Theat
		£\rightarrow r	<u> </u>
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If signing on behalf of an entity:		AR F	
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	Typed or Printed Name	(77)	111
	Capacity	OF STATE	
	Сараску	ATE O	5
		<b>&gt;</b> ''	<b>-</b>
FILE	NG FEES:		
\$ 85.0	00 Active limited liability	company	-1 <i>i</i>
\$ 25.0	oo Administratively disso	lved/voluntarily dissolve	su/

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company