

L 11000071892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

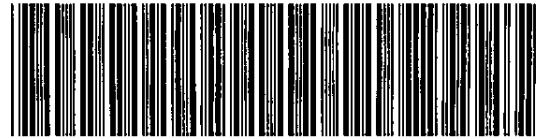
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

DEC 20 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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: 016A00026068

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CowBoys Salon DAVID 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:

Douglas A. Perera
(Contact Person)

CowBoys
(Firm/Company)

P.O. Box 291676
(Address)

DAVID FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

D. Anthony Perera at (252) 427 7864
(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



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: Cowboys Saloon Drive LLC

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

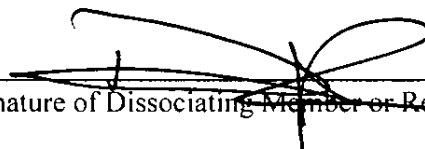
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/20/13

4. I, Douglas A Pearce, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA