

L13000092974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

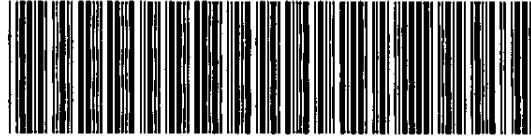
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR - 6 PM 2:44

A.L.  
3-9-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2015

DEVAN MATHURA / CLEARWATER BEACH TREATS, LLC  
1901 S. JOHN YOUNG PARKWAY SUITE 101  
KISSIMMEE, FL 34741 US

SUBJECT: CLEARWATER BEACH TREATS, LLC  
Ref. Number: L13000092974

We have received your document for CLEARWATER BEACH TREATS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 915A00003857

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLEARWATER BEACH TREATS, 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:

DEVAN MATHURA  
\_\_\_\_\_  
(Contact Person)

CLEARWATER BEACH TREATS, LLC  
\_\_\_\_\_  
(Firm/Company)

1901 S. JOHN YOUNG PARKWAY STE 101  
\_\_\_\_\_  
(Address)

KISSIMMEE, FL 34741  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEVAN MATHURA at ( 407 ) 217-5704  
\_\_\_\_\_  
(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



CHIEF  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR -6 PM 2:45

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: CLEARWATER BEACH TREATS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000092974

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2015

4. I, SHANNON KHAN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER

*(Print Title)*

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

*Shannon Khan*

Signature of Dissociating Member or Resigning Manager

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