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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

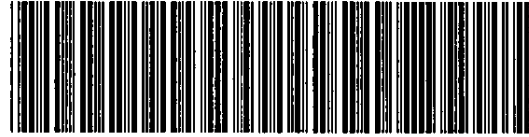
(Business Entity Name)

(Document Number)

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J. Shivers JUL 03 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2014

BARRY COX  
1515 S HIGH ST  
DELAND, FL 32720

SUBJECT: BARRY'S SPORTBAR AND LOUNGE, LLC  
Ref. Number: L14000092210

We have received your document for BARRY'S SPORTBAR AND LOUNGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 214A00013396

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARRY'S SPORTSBAR AND LOUNGE, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BARRY COX**

Name of Person

**BARRYS SPORTSBAR AND LOUNGE, LLC**

Firm/Company

**1515 S HIGH ST**

Address

**DELAND, FL 32720**

City/State and Zip Code

**KNGFISH@PROMPTTECH.NET**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BARRY COX**

Name of Person

**386 956-0025**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**BARRY'S SPORTBAR AND LOUNGE, LLC**

The Articles of Organization for this Limited Liability Company were filed on 06/08/2014 and assigned Florida document number L14000092210.

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

**(Mailing address MAY BE A POST OFFICE BOX)**

**Name of New Registered Agent:**

New Registered Office Address:

Enter Florida street address

**, Florida**

City

Zip Code \_\_\_\_\_

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARRY COX	1515 S HIGH ST	<input type="checkbox"/> Add
		DELAND, FLOIRIDA 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 06/17/2014 , \_\_\_\_\_ .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**BARRY COX**  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

16 JUL -2 AM 3:48  
STATE OF FLORIDA  
DEPARTMENT OF STATE