

U500064345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

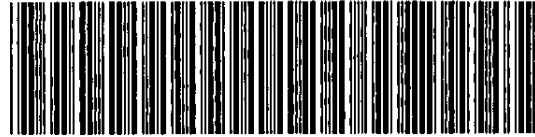
(Document Number)

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DEC 22 2016
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16 DEC -5 PM 12:50

CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2016

DOUGLAS PERERA
PO BOX 291676
DAVIE, FL 33329

SUBJECT: COWBOYS SALOON GAINESVILLE, LLC
Ref. Number: L15000064345

RECEIVED
2016 DEC 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COWBOYS SALOON GAINESVILLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 816A00026008

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC -5 PM 12:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cuboy's Salon Gammerville 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)

(Firm/Company)

P.O. Box 291676
(Address)

DAVID FL 33329
(City/State and Zip Code)

For further information concerning this matter, please call:

D. Anthony Perera at (352) 927 7867
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC -5 PM 12:50



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 Salon Gainesville LLC

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

L15000064340

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/7/2016

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

MANAGER / MEMBER
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC -5 PM 12:50