

L15000135570

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GARDNER BREWER MARTINEZ-MOORE, P.A.
Account Number : F2006C000058
Phone : (813)221-9600
Fax Number : (813)221-9611

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: releopardfl@gmail.com

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SECRETARY OF STATE
TALLAHASSEE FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOWRY PARK TAVERN LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

7-17-19

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOWRY PARK TAVERN, 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:

Robert Leonard

(Contact Person)

LOWRY PARK TAVERN, LLC

(Firm Name)

1213 W. Waters Avenue

(Address)

Tampa, FL

(City, State, and Zip Code)

For further information concerning this matter, please call:

Robert Leonard

(Name of Contact Person)

at ()

(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

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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: LOWRY PARK TAVERN, LLC2. The Florida document registration number assigned to this limited liability company is:
L150001355703. The date this member-manager withdrew, resigned or will withdraw resign is: 6/30/20194. I, LUX DEVIOD, hereby withdraw/resign as a
*(Print Name of Person Resigning)*Member and 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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