

116000206873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

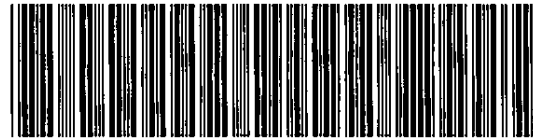
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JUDICIAL DISTRICT
OF CLATSOP COUNTY

NOV 22 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DANNY'S SPORT PUB, 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:

Lance Cohen

Name of Person

COHEN & THURSTON, PA

Firm/Company

1912 Hamilton St., Suite 206

Address

Jacksonville, FL 32210

City/State and Zip Code

cohenthurston@cs.com

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

For further information concerning this matter, please call:

Lance Cohen

904 388-6500
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Sharon Howard	313 Morningside Dr	<input type="checkbox"/> Add
		Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clifford Koschnick	313 Morningside Dr	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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NOV 16 2016
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 17 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Clifford Koschnick

Typed or printed name of signee

Filing Fee: \$25.00

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2021 MAY 21 PM 12:52
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