L17000 034 158

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Horus Restaurants & Lou	inges LLC	
0000		Limited Liability Co	mpany)
The en	nclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	return all correspondence concerni	ing this matter to:	
Mario	Faris		
	(Contact Person)		_
	(Firm/Company)		_
2873	Bellwind circle		
	(Address)		_
Rockl	ledge. FL 32 955		
	(City/State and Zip Code)		_
For fu	rther information concerning this m	natter, please call:	
Mario	Faris	321	506-8899
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payab 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	assee, Florida 32301		

CR2E079 (2/14)



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)

	e limited liability company as us Restaurants & Lounges	s it appears on the records of the Flor	rida Department
2. The Florida doc L170003415	•	ssigned to this limited liability comp	pany is: 2019 OCT 7/16/19
4. I, Mark Toma	•	signed or will withdraw/resign is: 10	2 PH
Owner/Mana			PH 1: 07 OF STATE E. FLORIDA
resignation in w	riting.	he limited liability company has beer	n notified or my
Signature of D	issociating Member or Resig	gning Manager	
Filing-Fee:	\$25.00 (Required) \$30.00 (Optional)		