LH000034158

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City/	/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busi	iness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to F	iling Officer:		
	HORNE		
DE	C 5 5 5051		
	12/13		

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2021

MARIO FARIS 2873 BELLWIND CIR ROCKLEDGE, FL 32955 US

SUBJECT: HORUS RESTAURANTS & LOUNGES LLC

Ref. Number: L17000034158

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Letter Number: 321A00026138

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	Name of Limited	Staurants (Liability Company)	& Lounges	LLC
The enclosed member, resi			arbmitted for filing	
			aomitica for timig.	•
Please return all correspond	_	s matter to:		
Mari	o Faris			
	act Person)			
	/Company)			
2873 B	ellwind Cir			
Rock	ellwind Cir Idress) Itelge Fl	32955		
	e and Zip Code)			
For further information cor	ncerning this matter,			.
Mario Fo	λγίς	321,5	,06 - 88	79
(Name of Contact	Person)	(Area Code & Day	time Telephone Nur	nber)
Enclosed please find a chec \$25 Filing Fee	• •	he Florida Departr] \$55 Filing Fee &		
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Regis Divis The C 2415	Address: stration Section ion of Corporation Centre of Tallahasse N. Monroe Street, hassee, FL 32303	ee

CR2E079 (2/14)



FILED 2021 DEC 13 PM 8: 55

SECRETARY OF STATE TALL AHASSEE, FLORE

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)

	limited liability company as it appears on the records of the Florida Department
L1701	ment/registration number assigned to this limited liability company is: 0034 1 58 pher/manager withdrew/resigned or will withdraw/resign is:
4.1, Mar	nber/manager withdrew/resigned or will withdraw/resign is: 01/50/50/50/50/50/50/50/50/50/50/50/50/50/
	Prim Title) wility company and affirm the limited liability company has been notified of myting.
Signature of Dis	esociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)