

L18000042119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

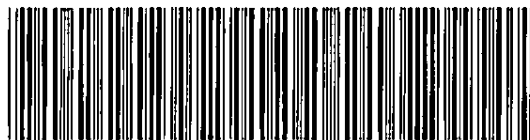
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TO: Registration Section
Division of Corporations

SUBJECT: A& S RESTAURANT, 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:

DARLEEN DEPOALO, ESQ

(Contact Person)

ABI ROAD LAW, PLLC

(Firm/Company)

29605 US HWY 19 N, SUITE 220

(Address)

CLEARWATER, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

Darleen DePoalo, Esq. 727 417-7396

(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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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