

L13 000043645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

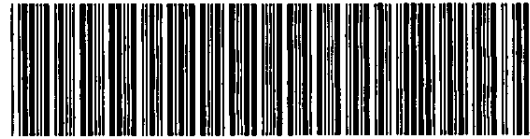
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 APR 10 PM 3:43
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Astoria Liquor Store, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Roger Alvarez
(Contact Person)

Roger Alvarez, P.A.
(Firm/Company)

2204 NW 23 Ave
(Address)

Mia, FL 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Alvarez at (305) 638-1188
(Name of Contact Person) (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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13 APR 10 PM 3:49
TALLHASSEE, FLORIDA
STATE DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

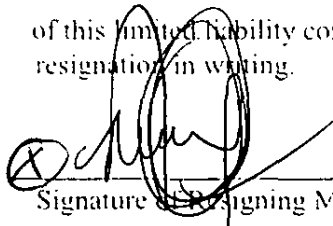
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Astoria Liquor Store, LLC

2. This limited liability company was organized under the laws of:
MARCH 25, 2013

3. The Florida document/registration number of this limited liability company is:
L13000043645

4. I, AMANDO GONZALEZ, hereby resign as a MEM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
13 APR 10 PM 3:43
CLERK OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA