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| Special Instructions to Filing Officer: | | |
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Office Use Only



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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations The Union Public House, 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: Kramer A. Litvak, Esq. (Contact Person) Litvak Beasley Wilson & Ball, LLP (Firm/Company) 226 E. Government Street (Address) Pensacola, Florida 32502 (City/State and Zip Code) For further information concerning this matter, please call: Kramer A. Litvak (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

| The name of the limited liability company as it of State is: The Union Public House, LLC | appears on the records of the Florida Department |
|---|--|
| 2. The Florida document/registration number assig | ened to this limited liability company is: |
| 3. The date this member/manager withdrew/resign 4. I. | ned or will withdraw/resign is: 16/68/18 |
| (Print Name of Person Resigning) Member and Manager | SEE FEE |
| (Print Title) | 02 RIBA |
| of this limited liability company and affirm the l resignation in writing. | imited liability company has been notified of my |
| Signature of Dissociating Member or Resigning | ng Manager |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)