L15000169585

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
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COVER LETTER "

TO: Registration Section Division of Corporations
SUBJECT: <u>Barrell B7 Salesa S20, LLC</u> (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:
(Contact Person)
Birall 87 Salour SRQ LCC (Firm/Company)
(Address)
Smasota FL 34231 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\text{Joe Beitre T}}{\text{(Name of Contact Person)}} \text{at } \frac{\text{Ge//}}{\text{(Area Code & Daytime Telephone Number)}}$
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

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1. The name of th	е птиев навину с	ompany as it	appears on	the records of the	Florida Department
of State is:	Barrell 37	Saloun	5RQ	LLC	
2. The Florida doc	cument/registration	number assi	gned to this	s limited liability co	ompany is:
L15000	169585		·		
3. The date this m	ember/manager wit	thdrew/resign	ned or will	withdraw/resign is:	5/1/18
4. 1, <u>Josep</u> (Print	h Allen Name of Person Resign	ning)	, hereby	withdraw/resign as	s a
<u>Membe</u>	(Print Title)				
of this limited li resignation in w		d affirm the l	limited liab	ility company has b	oeen notified of my
Signature of I	Dissociating Membe	er or Resignii	ng Manage	r	
Filing Fee:	\$25.00 (Requi	red)			4 5
_	\$30.00 (Option				II JUX