

L15 000172018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

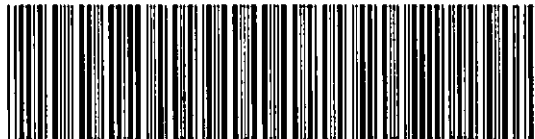
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2021 JAN 25 PM 4:46  
CLERK OF STATE  
TALLAHASSEE, FL

JAN 25 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Deadly Sins Brewing 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:

Thomas Adams  
(Contact Person)

Deadly Sins Brewing LLC  
(Firm/Company)

2424 Chelsea Street  
(Address)

Orlando FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Adams at ( 407 ) 9008726  
(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

**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  
Tallahassee, FL 32303



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Deadly Sins Brewing LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000172018

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/15/2020

4. I, Luis Quiroz, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Manager

*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

2021 JAN 5 PM 4:46  
DEPT OF STATE  
TALLAHASSEE, FL  
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Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)