L22 000 334 819

(Requestor's Name)
(Address)
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(121,233)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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2022 NOV -1 AM 8: 16 SECRETARY OF STATE

COVER LETTER .

	stration Section sion of Corporations		
SUBJECT:	GENUINE SPIRITS COMPANY L	.c	
	(Name of Limited Liability Company)		
The enclosed	I member, resignation or dissoc	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:	
KARA GROV	ES		
	(Contact Person)		
BREWERLOS	NG PLLC		
	(Firm/Company)		
407 WEKIVA	SPRINGS RD STE 241		
	(Address)		
LONGWOOD	, FLORIDA 32779		
	(City/State and Zip Code)		
For further in	nformation concerning this matt	er, please call:	
KARA GROV	ES	407 660-2964	
(N	ame of Contact Person)	at () (Area Code & Daytime Telephone Number)	
Enclosed ple	ase find a check made payable	o the Florida Department of State for:	
■ \$25 Filing	g Fee	☐ \$55 Filing Fee & Certified Copy	
	ng Address:	Street Address:	
•	stration Section sion of Corporations	Registration Section Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 81 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)

	limited liability company as it appears on the records of the Florida Department UINE SPIRITS COMPANY LLC
2. The Florida doc 1.22000334819	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
STANLEY PET	ERS, hereby withdraw/resign as a
(Print l	Same of Person Resigning)
Manager and Me	mber
	(Print Title)
of this limited lic resignation in wa	bility company and affirm the limited liability company has been notified of myriting.
h	
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)