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T. BROWN

COVER LETTER

Registration Section Registration State Mosery L		
TO: Registration State Modery L	LC	any)
(Name of L	imited Liabinty Comp	
The enclosed member, resignation or disso	ociation and fee(s)	are submitted for filing.
Please return all correspondence concernir	ng this matter to:	
Thomas C Little		
(Contact Person)		
Thomas C Little PA		
(Firm/Company)		•
2123 NE Coachman Road Suite A		
(Address)		-
Clearwater Fl. 337+6		
(City/State and Zip Code)		-
For further information concerning this m	atter, please call:	
Thomas C Little	727 at (443-5773
(Name of Contact Person)	(Area Code	& Daytime Telephone Number
Enclosed please find a check made payab	de to the Florida I	Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

\$25 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314







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:	shine State Meadery LLC	,	
2. The Florida doci	ument/registration number as	ssigned to this limited liability company is:	
L1100008043	3		
	ember/manager withdrew/res	igned or will withdraw/resign is:	
4. I, Toni Derby		haraby with draw/rasign as a	
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
MGMR			
	(Print Title)		
resignation in wr		ne limited liability company has been notified of my	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		