

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	•	,
(Do	cument Number)	
(3.3	,	
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	o oi Status
Special Instructions to	Filing Officer:	

Office Use Only



500254590615

01/21/14--01024--006 **55.00

2319 JR., 21 111 3. 6.

5. C

 $\mathsf{B}, \mathsf{BCSTICK}$

JAN 2 3 2014

COVER LETTER

TO:

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (12/13)

Division of Corporations Universal Beverages, LLC **SUBJECT:** (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: Michelle Calderon (Contact Person) RJ Group (Firm/Company) 4975 North Kendall Drive. (Address) Miami, FI 33156 (City/State and Zip Code) For further information concerning this matter, please call: Michelle Calderon (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 STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2. The Florida docu L010000177	ment/registration number of this limited	l liability company is:
3. The date this me	mber withdrew or will withdraw is:	January 1, 2012
4. I.	Philippe Jaar , hereb	y resign as a Manager Member
	ame of Person Resigning)	(Print Title)
resignation in wr	Hop	
Signature of Re	esigning of Dissociating Manager, Mem	-
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (12/13)