## 103000001984

(Requestor's Name)			
(Address)			
(Address)			
(144.000)			
(City/State/Zip/Phone #)			
☐ PICK-UP ☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
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O9 MAY 26 PH 1:57
SECRETARY OF STATE
TALLAHASSEF, FI ORIO,

D. BRUCE
MAY 87 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lakewood Liquors, LL	
(Name of Limited	l Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Sara Boudarga	
(Contact Person)	
Lakewood Liquors, LLC	O9 A
(Firm/Company)	HAY
6982 Superior Street Circle	O9 MAY 26 PH 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Address)	FLS I
Sarasota, Florida 34243	INTE DRIDA
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Lahcen Aou Boudarga	941 321-6490
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as kewood Liquors, L	s it appears on the records of the Flo	orida Department
2. This limited liab	oility company was organized	d under the laws of:	09 MAY 26 F SECRETARY O ALLAHASSEE.
3. The Florida doc L030000	_	f this limited liability company is:	ED PH 1:57 PF STATE FLORIDA
4. I, Sara Bou	Idarga Jame of Person Resigning)	, hereby resign as a Manag	ging Member
of this limited lia resignation in wr		ne limited liability company has bee	n notified of my
Sara	a H. Bond	argh	
Signature of Res	igning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		