Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H17000231362 3)))



H170002313623ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383 .

From:

Account Name : WILLIAM P. GREGORY, P.A.

Account Number : I19990000231 Phone : (813)251-8631

Fax Number : (813)253-2047

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIBATION CREATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 2 ) 2017

Y SULKER



## 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)

of State is: Libation Creation, LLC	· • •
	-
2. The Florida document/registration number assigned to this limited liability companyis:  L04000042155	±
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	i 
4. I, Joseph R. Lopez, Jr. , hereby withdraw/resign as a (Print Name of Person Resigning)	
Member	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.  Signature of Dissociating Member or Resigning Manager	of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	