

LD9000070200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to \_\_\_\_\_ Officer:

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16 NOV -7 PM 5:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11/08/16--01009--021 \*\*35.00

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2016 NOV 17 P 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
NOV 18 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2016

SANDOR KALLAI  
PO BOX 10107  
BROOKSVILLE, FL 34603

SUBJECT: ZEMPLÉN BARRELS, LLC  
Ref. Number: L09000070200

RECEIVED  
2016 NOV 17 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ZEMPLÉN BARRELS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 416A00023995

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2016 NOV 17 P 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZEMPLEN BARRELS, LLC  
(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:

SANDOR KALLAI

(Contact Person)

ZEMPLEN BARRELS, LLC

(Firm/Company)

P.O. BOX 10107

(Address)

BROOKSVILLE, FL 34603

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDOR KALLAI

(Name of Contact Person)

at ( 727 ) 255-4082

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

Already paid

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 17 P 12:50

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ZEMPLÉN BARRELS, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L09000070200

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/12/2016

4. I, KRISZTINA KALLAI, hereby withdraw/resign as a  
(Print Name of Person Resigning)

COO/AUTHORIZED REP

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Krisztina Kallai

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Paid  
Certified Copy: \$30.00 (Optional)

2016 NOV 17 P 12:50  
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TALLAHASSEE, FLORIDA

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