

109000079591

(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 Filing Officer:

Office Use Only



500162203575

10/29/09--01028--015 \*\*30.00

FILED  
09 OCT 29 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 30 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FRANK KING, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RICHARD WASERSTEIN  
(Contact Person)

RICHARD WASERSTEIN, P.A.  
(Firm/Company)

1124 KANE CONCOURSE  
(Address)

BAY HARBOR ISLANDS, FL 33154  
(City/State and Zip Code)

**FILED**  
09 OCT 29 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RICHARD WASERSTEIN at ( 305 ) 861-8000  
(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:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

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

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L09000079591

4. I, CHARONI GILLESPIE, hereby resign as a MANAGING MEMBER  
*(Print Name of Person Resigning)* *(Print Title)*

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

 as attorney in fact  
Signature of Resigning Member, Managing Member or Manager

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

**FILED**  
09 OCT 29 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That, Charoni Gillespie, as Executor of the Estate of Frank King has made, constituted and appointed, and by these presents does make, constitute and appoint **Richard Waserstein and Schneur Borenstein**, as their attorneys-in-fact for them and in their name, place and stead to communicate with the State of Florida, all State and Federal Agencies and any and all acts necessary to obtain information and/or case the reinstatement of the retail beverage license as described below:

License No. BEV23020734COP

License Location: 5 NE 54<sup>th</sup> Street, Miami, FL 33137

giving and granting unto **Richard Waserstein and Schneur Borenstein**, said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as she might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **Richard Waserstein and Schneur Borenstein** said attorney shall lawfully do or cause to be done by virtue hereof, pertaining to the above described license.

In Witness Whereof, Grantor has hereunto set grantor's hands and seal the day and year first above written.

Signed, sealed and delivered in our presence.

Witness

Schneur Borenstein  
Print Name:

Charoni Gillespie  
CHARONI GILLESPIE

Rosa Espinoza  
Print Name:

State of Florida

County of

I hereby certify that on this \_\_\_\_ day of July 2009, the foregoing instrument was acknowledged before me by **Charoni Gillespie** who has produced her FDL as identification and who did not take an oath.

Witness my hand and official seal in the county and state aforesaid this \_\_\_\_ day of July, 2009.

[Signature]  
Notary Public, Commission No. \_\_\_\_\_  
Notary Public State of Florida  
Delinellys Berne  
My Commission DD664738  
Expires 04/18/2011

FILED  
09 OCT 29 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA