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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Floc. da's Alc Depot Cl C (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:
Cosed Buperd (Contact Person)
Flocida's Ale Depot, LLC (Firm/Company)
1950 Northgate Blud D-Z (Address)
Saca Sofa 15 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
For further information concerning this matter, please call:
(Name of Contact Person) at (1911) 788-798 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee

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

CR2E079 (2/14)



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 I	imited liability company as it appears on the records of the Florida Department
of State is:	erida's Ale Depot, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L/0000	0020583
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>Scofr</u> (Print Na	me of Person Resigning), hereby withdraw/resign as a
MG	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been neithed 67 my
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)