L1000075450

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|---|--------------------|-------------|--|--|--|
| (Requestor's Name) | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | TIAW. | MAIL | | | |
| (Bu | isiness Entity Nar | me) | | | |
| (Dc | ocument Number) | | | | |
| (DC | ocument Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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TILEU 2015 JUN 23 P 2: 5 SECRETARY OF STATE

JUN 2 4 2015 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations

ď,

| SUBJECT: | Captain Morgan's Inves | tments LLC | | | |
|----------------|-----------------------------|--------------------------|----------------------------------|---------------------------------------|-------|
| ocbone 1. | (Name o | of Limited Liability Com | ipany) | | - |
| The enclosed | d member, resignation or di | ssociation and fee(s |) are submitted | for filing. | |
| Please return | all correspondence concern | ning this matter to: | | | |
| Steve Was | erstein | | | | |
| | (Contact Person) | | • | | |
| WNF Corp | orate Services, LLC | | | | |
| | (Firm/Company) | | = | | |
| 1111 Brick | ell Ave., Suite 2200 | | | | |
| | (Address) | | _ | SECT | |
| Miami, FL | 33131 | | | 2015 JUN 23 SECRETARY ALLAHASSE | T |
| | (City/State and Zip Code) | | _ | im C | Π |
| For further in | nformation concerning this | matter, please call: | | P 2:51 OF STATE FLORID | |
| Steve Was | erstein | 305 | 760-8500 | DA. | |
| (N | lame of Contact Person) | (Area Code | & Daytime Tele | phone Number) | _ |
| Enclosed ple | ease find a check made paya | | epartment of S Fee & Certifie | | |

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 | e limited liability company a | s it appears on the records | of the Florida Department |
|--|--------------------------------|------------------------------|----------------------------------|
| of State is: Cap | otain Morgan's Investment | s, LLC | · |
| 2. The Florida doc | ument/registration number a | ssigned to this limited liab | oility company is: |
| L1000007565 | 50 | . | |
| 3. The date this me | ember/manager withdrew/res | signed or will withdraw/re | sign is: |
| 4. I, Lori Ferrell (Print Name of Person Resigning) | | , hereby withdraw/re | |
| (Print) | Name of Person Resigning) | - | |
| Manager | | | 2015 JUN 23 |
| | (Print Title) | | 23 - |
| of this limited lia resignation in w | ability company and affirm the | he limited liability compan | ny has been notified of my ORAIS |
| Signature of D | issociating Member of Resig | gning Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |