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JIVISION OF COMPONATIONS

T.HAMPTON

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: D(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing.
Please return all correspondence concerning this matter to:
David Krbec
(Contact Person)
Drinkbin LLC (Firm/Company)
- 41 E. Spruce St.  (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (407) 670-8782 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		ny as it appears on the records	
2. This limited liabil	<b>A</b>	nized under the laws of:	,
	nent/registration numb	er of this limited liability com	npany is:
of this limited liabi	lity company and affin	, hereby resign as a _	(11mi Tille)
resignation in write	A	ng Member or Manager	J
Filing Fee: Certified Copy:	\$25.00 (Required)	-6	SEURETARY OF IVISION OF CORP