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SECRETARY OF STATE ON SECRETARY OF STATE ON SECOND OR ALLOWS

C. LEWIS

AUG 6 2014

EXAMINER

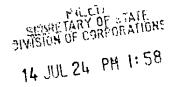
TO: Registration Section Division of Corporations
SUBJECT: Standard Bottling LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Elias Mathes (Contact Person)
(Firm/Company)
415 St Francis St Unit 112 (Address)
Tallahassee FL 32301 (City/State and Zip Code)
For further information concerning this matter, please call:
Elias Mathos at (229) 221-8213 (Name of Contact Person) (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 P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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:	tandard Bottling LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	0070565
3. The date this men	mber/manager withdrew resigned or will withdraw/resign is: 7 1 14
4.1, Daniel	, hereby withdraw/resign as a me of Person Resigning)
_member	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
2	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)