## L11000077/33

(Requestor's Name)			
(Address)			
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SECRETARY OF STATE

J. BRYAN

SEP 2 0 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Beverage Law Professio	nals, LLC
(Name of Link	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
(Contact Person)	
Beverage Law Professionals, LLC	Ass =
(Firm/Company)	CRE CRE
11275 US Hwy 98 Ste. 6-249	SEP 19 PM CRETARY OF LAHASSEE:
(Address)	T P P
Destin, FL 32550	FLORIDE FLORIDE
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Leila Allen	at ( 850 ) 837-9954
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company verage Law Profession	as it appears on the records of the conditionals, LLC	he Florida Department
2. This limited liab	pility company was organiz	ed under the laws of:	
3. The Florida doc L11000077		of this limited liability company	y is:
4. I, Holly Schaefer (Print Name of Person Resigning)		, hereby resign as a M	anaging Member
	bility company and affirm	the limited liability company ha	s been notified of my
5 5	halff igning Member, Managing		
Signature of Res Filing Fee: Certified Copy:	\$25.00 (Required)	Member or Manager	SECRETARY OF STALLAHASSEE, FL