L120000 55037

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

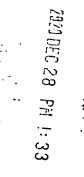
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5. YOUNG



COVER LETTER

_	tion Section of Corporations				
SU BJECT: Sil	verking Brewing Co LLC				
SUBJECT:	(Name of Limited Liability Company)				
The enclosed m	ember, resignation or dissoc	ciation and fee(s	s) are submitted for filing.		
Please return all	l correspondence concerning	g this matter to:			
Susan Troyer					
	(Contact Person)				
Silverking Browin	g Co LLC				
	(Firm/Company)	*	_		
325 E Lemon Stre	et				
	(Address)		_		
Tarpon Springs, F	L 34689				
	(City/State and Zip Code)	· -	_		
For further info	rmation concerning this ma	tter, please call:			
Susan Troyer		727 at (798-8698		
(Nam	e of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please	e find a check made payable	to the Florida I	Department of State for:		
■ \$25 Filing F			g Fee & Certified Copy		
Mailing A	Address:		Street Address:		
Registra	tion Section		Registration Section		
	n of Corporations		Division of Corporations		
P.O. Bo			The Centre of Tallahassee		
Tallaha	ssee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



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)

	cument/registration number as	ssigned to this limited liability company is:
L12000055037		
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is:
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
- ,	(Print Title)	
of this limited lia resignation in w		ne limited liability company has been notified of my
resignation in w	riting.	
resignation in w		
resignation in w	riting.	
resignation in w	Mssociating Member or Resignations (Required)	