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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Surf City Distributing, UC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Juan M. Ovalle (Contact Person)		
Juan M. Ovalle (Contact Person) Surf City Distributing LC (Firm/Company)		
5042 wilshive Blvd. \$ 20461		
(Address)		
Ws Angeles, ca 90036.		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (954) 529-3963 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\forall \$25 \text{ Filing Fee & Certified Copy}\$		
STREET/COURIER ADDRESS: MAILING ADDRESS:		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 comp	pany as it appears on the records of the Florida Department	
of State is:	Suef Ci	ity Distributing, UC.	
2. The Florida doc	ument/registration nur	imber assigned to this limited liability company is:	
L12	00009721	7.	
3. The date this mo	ember/manager withdr	rew/resigned or will withdraw/resign is: $\frac{\mathcal{O}_1 - 16 \cdot \mathcal{O}_1 \cdot 16}{\sqrt{5000}}$, hereby withdraw/resign as a	
4.1, <u>elsa</u>	(20 Sui RRe	, hereby withdraw/resign as a	П
(Print)	Name of Person Resigning)	P 30	
<u> </u>		0	ŧ
	(Print Title)	——·	
of this limited lie resignation in w	ability company and af riting.	ffirm the limited liability company has been notified of my	C
Signature of D	ussociating Member of	or Pasigning Manager 5150 (2990)	
Signature Of D	issociating lyterioer of	The signing interlager by the Aragen Blvo.	
		\$ 209 -	
Filing Fee:	\$25.00 (Required)	or Resigning Manager Elsa (2090ire 2541 Aragon Blod. \$ 209 Sonvise, Fr 33322	
Certified Copy	\$25.00 (Required)		
CONTRACT CODY	וואחוות זו נונו נור ה.		