L12000112506

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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B. KOHR

SEP 2 5 2012

EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: E	BLOODHOUND BRE\	W I-DRIVE LLC nited Liability Company)
The enclosed n filing.	nember, managing member o	r manager resignation and fee(s) are submitted fo
Please return al	Il correspondence concerning	g this matter to:
ROMESH	KEVADIA	
	(Contact Person)	
	(Firm/Company)	
5219 SPRI	NGSIDE CT	
	(Address)	
ORLANDO	, FL 32819	
-	(City/State and Zip Code)	
For further info	ormation concerning this mat	ter, please call:
ROMESH	KEVADIA	at (_407) 345-0007
(Nam	ne of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please	e find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive	rporations g c Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it appears on the records of the Florida Department of State is: BLOODHOUND BREW I-DRIVE LLC
 This limited liability company was organized under the laws of: FLORIDA
 The Florida document/registration number of this limited liability company is: L12000112506
 I, MICHAEL C CRUZ (Print Name of Person Resigning) (Print Title)
 of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)