113000030391

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations		
SUBJECT: PEPPERMINITERIZE LLC		
(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:		
TASON BIECETE (Contact Person)		
(Firm/Company)		
11 039 NW 14th STREET		
COLKUS PRINGS, FL 33071 (City/State and Zip Code)		
For further information concerning this matter, please call:		
TASON RELER at (954) 854-6248 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\times\$ \$25 \text{ Filing Fee} \tag{55 \text{ Filing Fee & Certified Copy}}\$		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



2015 HAR 13 PM 12: 40

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: PEPERMINT TRIBE, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
<u>L13000030391</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/15
4. I, CT RG MURRION, hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER MER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing
() () () () () () () () () ()
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)