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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
		☐ MAIL
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASTURIA LIQUOF STORY, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
7206er Alvarez
Robert Alvarez, P.A.
2204 MW 23 HUE
Min. Fl 33142 (City/State and Zip Code)

For further information concerning this matter, please call:

Robert Alware 7 at (305), 638-1188

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

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

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Fractions 1 Sturia Liquor Store, LLC
2. This limited liab	ility company was organized under the laws of: 25, 2013
	ument/registration number of this limited liability company is:
	To Gouzalez, hereby resign as a MORM (Print Title)
of this import her resignation in w	pility company and affirm the limited liability company has been notified of my ting.
- r	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)