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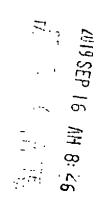
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
Rue	iness Entity Nar	nel
(Dus	mess Emily Mar	ne,
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO: Regi	istration Section		
Divi	sion of Corporations		
SUBJECT:	The Vine Post LLC		
		nited Liability Com	pany)
The enclose	d member, resignation or dissoci	iation and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning	this matter to:	
Thomas B	attaglia		
	(Contact Person)		•
The Vine F	Post LLC		
	(Firm/Company)	··	•
817 Donal	d Ross Road		
	(Address)	, <u>e -</u>	
Juno Bead	ch, Florida 33408		
	(City/State and Zip Code)		
For further i	information concerning this matt	er, please call:	
Thomas B	attaglia	561	935-1720
1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed plo \$25 Filin	ease find a check made payable t g Fee		epartment of State for: Fee & Certified Copy
erneur/c	COUDIED ADDRESS		MAN ING ARROSS

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314



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)

	Vine Post LLC	oartme
2. The Florida docs	ument/registration number assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 8/22/19	2011 SEP 11
4. I. Brian Chami		SEP
(Print N	iame of Person Resigning)	9
Member and	Officer .	3
 ,-	(Print Title)	<u>ထဲ</u>
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified iting.	1
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	