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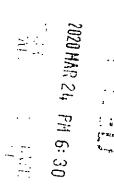
(Re	equestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations Whiskey River Investments LLC **SUBJECT:** (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: Julie V. Fanelli (Contact Person) Fanelli Law Firm, PA (Firm/Company) 5300 W. Cypress St., Ste. 200 (Address) Tampa, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: Julie V. Fanelli (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



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)

\A/hicl	limited liability company as it ap		Florida Dep	artment
2. The Florida docu L13000171514	ment/registration number assigne	ed to this limited liability co	ompany is:	
3. The date this me	mber/manager withdrew/resigned	d or will withdraw/resign is	3/4/2020	
4. I, M. Steven Sem	bler	. hereby withdraw/resign a		
Manager	Print Title) Dility company and affirm the lim		 ₩}	2020 HAI
of this limited lial resignation in wr	iting.	ited liability company has	:	TO : . 1
Signature of Di	ssociating Member or Resigning	Manager		ο. 3 3
•	\$25.00 (Required) \$30.00 (Optional)	,		