## L13000171514

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Whiskey Rame of Lim	River Investment
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Kristofer R. He	pfinger
(Firm/Company)	
2299 Manor (	<u>2t.</u>
Clarwater F. (City/State and Zip Code)	33763
For further information concerning this matt	er, please call:
Kristofer R. Heffinger (Name of Contact Person)	at (4/9) 708 849/ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 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)

1. The name of the l	limited liability company as it appears on the records of the Florida l	Department
of State is:	hiskey River Investment	SUC
2. The Florida docu	ment/registration number assigned to this limited liability company	is:
	XX171514	,
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 5/1	3/ <i>2</i> 0
4.1. John	, hereby withdraw/resign as a	
Mer	Print Title)	
of this limited liab resignation in writ	pility company and affirm the limited liability company has been noti	fied of my
NO		
Signature of bis	sociating Member or Resigning Manager	
		2020 OCT
Filing Fee:	\$25.00 (Required)	0.0
Certified Copy:	\$30.00 (Optional)	ic T
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