## 140015663

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300304247973

10/10/17--01021--015 \*\*25.00

17 OCT 10 AH II: 57 DIVISION OF CERTSEN, 053

O SIMMONS

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	Coastal Bay Beverage Company LLC			
SCHOLCI.	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissocia	tion and fee(s)	are submitted for filing.	
Please return	all correspondence concerning to	his matter to:		
Mark R. Th	om			
	(Contact Person)			
N/A				
·	(Firm/Company)			
8060 30 M	le Rd.			
	(Address)			
Washingto	n, MI 48095			
	(City/State and Zip Code)			
For further in	nformation concerning this matte	r, please call:		
Mark Thom	i	586	872-8667	
(N	ame of Contact Person)	(Area Code &	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\bigset\$ \$\\$25 \text{Filing Fee} \bigset\$ \$\bigset\$ \$\\$55 \text{Filing Fee} & Certified Copy				

### 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)

1. The name of the limited liability company as it appears on the r	ecords of the Florida Department
of State is: Coastal Bay Beverage Company LLC	
2. The Florida document/registration number assigned to this limi	ted liability company is:
L14000156163	
3. The date this member/manager withdrew/resigned or will withdrew	9/30/2017 Iraw/resign is:
4. I, Mark R. Thom	
(Print Name of Person Resigning)	
Authorized Member	
(Print Title)	
of this limited liability company and affirm the limited liability of resignation in writing.	company has been notified of my
Signature of Dissociating Member or Resigning Manager	<del></del>

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: