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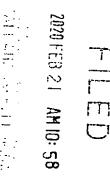
(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/P	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	cates of Status
Special Instructions to Filing Officer	<u> </u>

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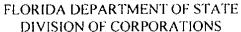
TO: Registration Section Division of Corporations	
SUBJECT: Atlantic Beach Brewing Company, LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Spencer Lorn (Contact Person)	
(Firm/Company)	
13783 Deer Charse Place (Address)	
Jacksonville, FL 3224 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (904) 894-8436 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{\$\text{\$\text{Filing Fee}}} \$\text{\$\$\text{\$\$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314







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 records of the Florida Department
of State is: Atlan	Hic Beach Brewing Company, LLC.
2. The Florida document/re	gistration number assigned to this limited liability company is:
L14000178	<u> 743</u>
3. The date this member/m	anager withdrew/resigned or will withdraw/resign is:
4. 1. Albert Society of Pe	reson Resigning). hereby withdraw/resign as a
AMBR (Print Titl	
of this limited liability co resignation in writing.	mpany and affirm the limited liability company has been notified of my
Albut Signature of Bissociation	Member or Resigning Manager
Filing Fee: \$25.	00 (Required)
	00 (Optional)