L1500017Z018

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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Deadly Sins Brewing LLC		
	nited Liability Cor	mpany)
The enclosed member, resignation or dissoci	iation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Thomas Adams		_
(Contact Person)		-
Deadly Sins Brewing LLC		
(Firm/Company)		_
2424 Chelsea Street		
(Address)		-
Orlando FL 32803		
(City/State and Zip Code)	-	_
For further information concerning this matt	er, please call:	
	_ at (<u>407</u>	_) 9008726
(Name of Contact Person)	(Arca Code	e & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida I	Department of State for:
■ \$25 Filing Fee	□ \$55 Filin	g Fce & Certified Copy
		a
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
randingson, LD SEST 1		Tallahassee, FL 32303



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 a	s it appears on the records of th	ne Florida Department
of State is: Dead	y Sins Brewing LLC		
2. The Florida docu	ument/registration number a	assigned to this limited liability	company is:
L15000172018			7971
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign	is: 12/15/2020
4. I, Luis Quiroz (Print N	ame of Person Resigning)	, hereby withdraw/resign	PH 4: 46
Manager	(Print Title)		FATE FALL
of this limited lial resignation in we	· · ·	he limited liability company ha	s been notified of my
Signature of Di	ssociating Member or Resignment \$25.00 (Required)	gning Manager	
Certified Copy:	\$30.00 (Required)		