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| (Requestor's Name) | | | | | |
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| (Add | dress) | | | | |
| (City | //State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bus | siness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Best Choice Beverage (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: Kelly Clem-Rickon Regarding (Contact Person) Best Choice Beverage LLC (Firm/Company) | | | | | |
| 5200 Britary Dr. 5#905 | | | | | |
| St. Petersburg FL 33715 (City/State and Rip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Kelly Clem-Rickon at (813), 597-3437 (Area Code & Daytime Telephone Number) | | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy | | | | | |
| Mailing Address: Street Address: | | | | | |

Registration Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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)

| 1. The name of the | limited liability company as | | cords of the Flor | rida Department |
|---------------------|---|-------------------------|-------------------|---------------------------------------|
| of State is: De | st Choice I | Severage | LLC | · · · · · · · · · · · · · · · · · · · |
| 2. The Florida docu | iment/registration number a | ssigned to this limite | ed liability comp | any is: |
| 3. The date this me | mber/manager withdrew/res | igned or will withdr | aw/resign is: | /14/16 |
| 4. I, Relly | Clem-Rickon ame of Person Resigning) | , hereby withd | raw/resign as a | ver Accepted |
| AMB | Print Title) AMBR | | | • |
| | oility company and affirm th | ne limited liability co | ompany has been | notified of my |
| resignation in wri | ting. | | | 9 25 |
| Kelly (| lem-Richar | ^ | _ | 1025 SEP -8 |
| Signature ∲f Di | ssociating Member or Resig | ning Manager | _ | MID: 4 |
| Filing Fee: | \$25.00 (Required) | | , | 5 |
| Certified Copy: | \$30.00 (Optional) | | | -, |