1140000 83934

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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COVER LETTER

	Registration Section		
I	Division of Corporations		
SUBJE			
	(Name of I	Limited Liability Co	ompany)
The encl	losed member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please re	eturn all correspondence concerni	ng this matter to	y:
Dan Peml	berton		
	(Contact Person)		
Pesky Pel	ican Brew Pub		
	(Firm/Company)		_
923 72nd	St N		
	(Address)		_
St Petersb	ourg, FL 33710		
	(City/State and Zip Code)		_
For furth	ner information concerning this m	atter, please cal	1:
Dan Pemb	berton	727 at (302-9600
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed	d please find a check made payab	le to the Florida	Department of State for:
	Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Γallahassee, FL 32314		2415 N. Monroe Street, Suite 810



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: DOS	DANS LLC
2. The Florida doc: L16000083934	ument/registration number assigned to this limited liability company is:
3. The date this me	o6/01/2020 ember/manager withdrew/resigned or will withdraw/resign is:
4. I, DANIELLE PEN	MBERTON, hereby withdraw/resign as a
AMBR	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
0	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)