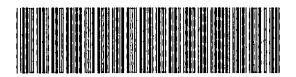
LIGCCC 11477Z

(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:							
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)						
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2021 MAR 25 PH W 14

D. BRUCE MAY 20 1011

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	The Fountainhead Wine and Beer Ba	ar LLC		
		nited Liability Com	pany)	
The e	nclosed member, resignation or dissoc	iation and fee(s)) are submitted for	filing.
Please	return all correspondence concerning	this matter to:		
Sean F	P. Cronin			
	(Contact Person)		•	
Stanto	n Cronin Law Group PL			
	(Firm/Company)		-	
6944 V	V. Linebaugh Ave., Suite 102			
	(Address)		-	
Tampa	i, Florida 33625			., 2
	(City/State and Zip Code)		•	02111
For fu	orther information concerning this matter	ter, please call:		2021 MAR 25
Sean I	P. Cronin	813 at (444-0155	613
	(Name of Contact Person)	(Area Code	& Daytime Telephor	ne Number)
	sed please find a check made payable 5 Filing Fee		epartment of State Fee & Certified Co	ior:

Street Address:

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 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)

The F	limited liability company as	it appears on the records of the	Florida Department	
2. The Florida docu	ument/registration number as	ssigned to this limited liability co	ompany is:	
Davas W. Dulah		igned or will withdraw/resign is:		
Member and Man	ager	, hereby withdraw/resign as	, u	
of this limited lial resignation in wr		ne limited liability company has b	peen notified of DZI MAR 25 PM 4:	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			