L16000 231 807

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
` , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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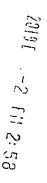
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R. WH!TE JAN 13 2020





COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of	Limited Liability Com	pany)
The er	nclosed member, resignation or dis	sociation and fee(s)	are submitted for filing.
Please	e return all correspondence concert	ning this matter to:	
Todd V	V. Vraspir, Esquire		
	(Contact Person)		
The Vr	aspir Law Firm, P.A.		
	(Firmt/Company)		
5327 C	Commercial Way, Suite A101		
	(Address)		
Spring	Hill, Florida 34606		
	(City/State and Zip Code)		
For fu	orther information concerning this i	natter, please call:	
Todd W	V. Vraspir, Esquire	352 at (556-5270
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payal		•
= \$25	5 Filing Fee	☐ \$55 Filing	Fee & Certified Copy
	Mailing Address:	<u>.</u>	Street Address:
	Registration Section	Ī	Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Fallahassee, FL 32303



2019 DT -2 PH 2:58

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)

	e limited liability company as it appears on the records of the Florida Department Brewing Company, LLC
	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Carmine Rufa	hereby withdraw/resign as a Name of Person Resigning)
	and all positions
resignation in w	ability company and affirm the limited liability company has been notified of my niting.
•	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)