

L17 000036795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 17 2020

**COVER LETTER**

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**TO:** Registration Section  
Division of Corporations

Sips Wine Bar LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Andrea Honan

\_\_\_\_\_  
(Contact Person)

Sips Wine Bar LLC

\_\_\_\_\_  
(Firm/Company)

3020 St Croix Drive

\_\_\_\_\_  
(Address)

Clearwater, FL 33759

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Honan

312

912-1054

at (\_\_\_\_\_) \_\_\_\_\_

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILING CANCELLED  
DUE TO RETURNED CHECK

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 it appears on the records of the Florida Department  
Sips Wine Bar, LLC  
of State is: \_\_\_\_\_

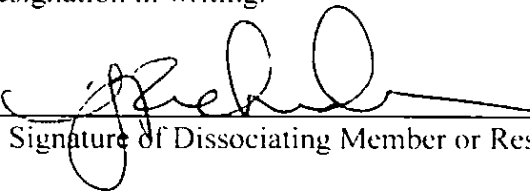
2. The Florida document/registration number assigned to this limited liability company is:  
1.17000036795  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/3/2020

4. I, JEREMY RICHARDSON, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEMBER / OFFICER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2020 JAN 21 PM 6:08  
TALLAHASSEE, FLORIDA