

L17000038180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

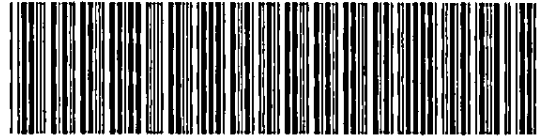
(Business Entity Name)

(Document Number)

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JAN 16 2019

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18 JAN 17 PM 1:07  
TALLAHASSEE FLORIDA

J. LEGGETT  
JAN 17 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beer Co  
(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:

Wyatt Laney  
(Contact Person)

Beer Co  
(Firm/Company)

637 NE 14th Ct  
(Address)

Ft Lauderdale, FL 33304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Juliet Laney at (954) 234-6187  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Beer Co

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

L17 0000 38180

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/11/18

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

member  
(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)

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