

**L17000127871**

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Certificates of Status \_\_\_\_\_

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2019 JAN -8 PM 3:33  
TALLAHASSEE, FLORIDA

JAN 15 2019  
T. LEWIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIRTY PENNY VAPE + ALE LLC  
(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:

DONALD WOLFGANG MUSTAIN III  
(Contact Person)

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

1504 BAY ROAD APT 1709  
(Address)

MIAMI BEACH FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD WOLFGANG MUSTAIN III at (954) 909.3438  
(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

FILED  
2013 JAN -8 P 33  
ALLAHABAD, INDIA

**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: DIRTY PENNY VAPE + ALE LLC

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

L17000127821

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2019

4. I, DONALD WOLFGANG MUSTAIN III, hereby withdraw/resign as a  
(Print Name of Person Resigning)

50 PERCENT SHAREHOLDER AMBR  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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