217000164534

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Entone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000331378030

07/01/19--01000 00: +-00

19 JUL -1 PH12: 09

relmen Jo. coil

JUL 1 3 2019 D CUSHING

COVER LETTER

TO:	_	tration Section	`	
	Divis	ion of Corporations		
SUBJE	E C T:	SOUTHERN VINTAGE DEC	OR, LLC.	
		(Name of Lim	ited Liability Cor	npany)
The en	closed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
Valeri	e Fitz	gerald		
		(Contact Person)		_
Blue E	Bridals	6		
		(Firm/Company)		-
3880 \$	S.E. C	Dixie Highway		
_		(Address)		_
Stuart	, Flori	da 34997		
_		(City/State and Zip Code)		_
For fur	ther ir	nformation concerning this matter	er, please call:	
Valeri	e Fitz	gerald	772 at (631-2297
	(N	ame of Contact Person)	\	& Daytime Telephone Number)

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

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

■ \$25 Filing Fee

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 19 JUL -1 PH12: 09



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)

	limited liability company as	it appears on the records of the Florida [Departmer
2. The Florida docu L17000164534	•	signed to this limited liability company i	s:
STEDHENII	EIGHTON	gned or will withdraw/resign is:, hereby withdraw/resign as a	
MANAGER	ame of Person Resigning)		
Signature of Di	ssociating Member or Resign	e limited liability company has been noti	fied 19 JUL -1 PM 12: 09
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)) OHS