

(Re	equestor's Name)				
(Ac	ddress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

то:	_	tration Section ion of Corporations				
SUBJECT:		BOHEMIOS WINE & BEER LLC				
		(Name of Limi	ited Liability Company)			
The end	closed	member, resignation or dissocia	ation and fee(s) are submitted for filing.			
Please	return	all correspondence concerning t	this matter to:			
BLOS	MER	LEON				
		(Contact Person)				
		(Firm/Company)				
3246	CLAR	K RD				
		(Address)				
SARA	SOTA	A, FL 34231				
		(City/State and Zip Code)				
For fur	ther ir	nformation concerning this matte	er, please call:			
BLOS	MER	LEON	at (941) 961·3494			
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclose	-	· · · · · · · · · · · · · · · · · · ·	o the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy			
Registr Divisio Clifton 2661 E	ration on of C Build xecuti	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



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 a	is it appears on the record	ls of the Florida Bepartment
of State is:	IEMIOS WINE & BEER I	LLC	
2. The Florida docs	ument/registration number a	assigned to this limited li	
3. The date this me	amber/manager withdrew/re	esigned or will withdraw/	
4. I. ROLANDO Z	ZELEDON iame of Person Resigning)	, hereby withdraw.	/resign as a
(Print N	ame of Person Resigning)	•	-
AMBR			
	(Print Title)		
resignation in wr	iting.	·	any has been notified of my
(Signature 6F1)	ssociating Member or Resi	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		