

L18 000 278 777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

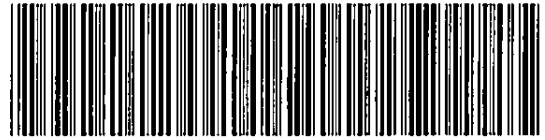
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/24--JUL 17--016 **25.00

2024 JUN 24 PM 3:35
SECRETARY U.S. COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINE AND LIQUOR DEPOT

The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:

CONTACT PERSON: TARA RAMNARINE

(Firm/Company) - WINE AND LIQUOR DEPOT

(Address)* 4710 S FLAMINGO ROAD

COOPER CITY FL. 33330

For further information concerning this matter, please call:

TARA RAMNARINE AT 954 494 8885

Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Mailing Address: Street Address:

Registration Section Registration Section Division of Corporations Division of
Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415
N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2004 JUL 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: WINE AND LIQUOR DEPOT

2. The Florida document/registration number assigned to this limited liability company is: L18000278777

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/10/2024

4. I, , hereby withdraw/resign as a (NEAL SIMON HARRIPAUL) *Print Name of Person Resigning*

(Print Title) MANAGER

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)

2024 JUN 24 PM 3:41
SECRETARY OF STATE
FLORIDA