L19000165151

(Requ	estor's Name))
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
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2020 JUN 26 PM 5: 20 SECRETARY OF STATE

D. BRUCE AUG 1 3 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BW Bone (Name of Lin	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning Respondence concerning (Contact Person)	
(Contact Person)	
BW Bonerages (Firm/Company)	LLC
(Firm/Company)	
4918 14th S.F. We	wf C-15
(Address)	
Bradeston, T, 3. (City/State and Zip Code)	4207 TALLA
For further information concerning this ma	tter, please call:
Roberto Rojas (Name of Contact Person)	#207 Iter, please call: _at (7-56) 37208 16 Fig. 23 (Area Code & Daytime Telephone Number 23
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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 com	pany as it appears on the records of the Florida Department
of State is: BWB	everage LLC
2. The Florida document/registration nu	mber assigned to this limited liability company is:
L19000165151	
3. The date this member/manager withd 4. I, Robert Resigning	rew/resigned or will withdraw/resign is: 06.35.30 Shereby withdraw/resign as a
(Print Title) of this limited liability company and a	ffirm the limited liability company has been notified of my
resignation in writing.	TALLAND TALLAN
Signature of Dissociating Member of Filing Fee: \$25.00 (Required Certified Copy: \$30.00 (Optional)	