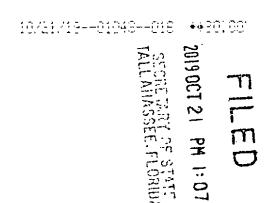
## L19000215112

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations		,		
	12111	non or corporations				
SURJ	JECT:	CORKS AND KEGS 484	LLC			
1,501,5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Limited Liability Company)				
The e	nclosec	l member, resignation or disse	ociation and fee(s	s) are submitted for filing.		
Please	e return	all correspondence concernit	ng this matter to:			
VINE	DRA R	AMKELAWAN .				
-	<u> </u>	(Contact Person)		<del>-</del>		
COR	KS AN	ND KEGS 484 LLC				
		(Firm/Company)	<del></del>	_		
1665	SUS	HWY 484				
		(Address)				
OCA	LA, FL	ORIDA 34473				
		(City/State and Zip Code)	<del></del>	<u>.</u>		
For fu	irther ii	nformation concerning this ma	atter, please call:			
VINC	RA R	AMKELAWAN	352 at (	299-4503		
	(N	ame of Contact Person)	(Area Code	2 & Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payabl g Fee		Department of State for: 2 Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section Division of Corporations		
	n Builc	Corporations line		P.O. Box 6327		
		ive Center Circle		Tallahassee, Florida 32314		
Tallah	iassee,	Florida 32301				

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	as it appears on the records of the Florida Department
of State is: CO	RKS AND KEGS 484 LL	c Fig. 7
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L1900021511	12	
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. I. DAVID RAMKELAWAN  (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print l	Name of Person Resigning)	
MEMBER		
	(Prim Title)	•
of this limited lia resignation in wr	• •	the limited liability company has been notified of my
David D	<b>~~</b>	
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	