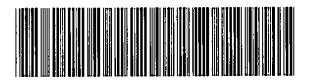
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
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R. WH!TE JAN 1 3 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VOLPE VODK (Name of Limited L	A, LLC iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Lisa GERSTEI	V
(Firm/Company)	
2875 5 OCEAN BL	<u> </u>
2875 S OCEAN BLY (Address) PAIM BEACH FL 3 (City/State and Zip Code)	<u>348</u> 0
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (561 , 573-9377 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

CR2E079 (2.14)

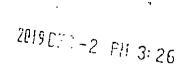
Tallahassee, FL 32314

L6 Dio Not Authorize

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)

	limited liability company as it appears on the records of the Florida Department VOLPE VODKA LLC.
	iment/registration number assigned to this limited liability company is: $06262912.$
41 1-15A	mber/manager withdrew/resigned or will withdraw/resign is: NOV, 27, 2019 CERSTEIN hereby withdraw/resign as a ame of Person Resigning) MANAGER - PRESIDENT
resignation in wri	pility company and affirm the limited liability company has been notified of my iting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)