0 781 826

(Address)	700408014697
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	05/03/2301018015 • * \$55.00
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJE	BEERS BROKERS LLC CT:		
		Limited Liability Co.	mpany t
The enc	losed member, resignation or dis-	sociation and feet	s) are submitted for filing.
Please r	eturn all correspondence concern	ing this matter to:	
JUAN ES	SPINOSA		
	(Contact Person)		_
BEERS I	BROKERS LLC		
	(l'um-Company)		_
614 W 40	STHST		
	(Address)		_
MIAMIT	BEACH, FL 33140		
	(City State and Zip Code)		
For furt	her information concerning this n	natter, please call:	
JUAN ES	RPINOSA	786 at (508-4775
	(Name of Contact Person)	t Area Code	e & Daytime Telephone Number)
	d please find a check made payab Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
•	Fallahassee, FL 32314		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 company as it appears on to of State is: BEERS BROKERS LLC	he records of the Florida Department
2. The Florida document/registration number assigned to this l	imited liability company is:
3. The date this member/manager withdrew/resigned or will w 4. I, 4/25/2023, hereby w	
JUAN ESPINOSA	
(Print Title)	2022
of this limited liability company and aftirm the limited liabil resignation in writing.	ity company has been notified of my= m
Signature of Dissociating Ments for Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	