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(Requestor's Name)
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PICK-UP WAIT MAIL
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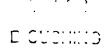


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SUPPLY 16 MIN 2

Ra Resignation



COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Brewers Bane LLC	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ting this matter to:
Geoffrey Layne	
(Contact Person)	
Brewers Bane LLC	·
(Firm/Company)	
28544 Bayhead Road	
(Address)	
Dade City, FL 32523	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Geoffrey Layne	at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le 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

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 I	Florida Departm	ieni
of State is:	ers Bane LLC			_ ·
2. The Florida doc	ument/registration number as	signed to this limited liability co	mpany is:	
L20000046428		·····		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	May 9, 2022	
4. I. Michael Bishop		hereby withdraw/resign as	а	
(Print N	lame of Person Resigning)		Ω	70.
Member				2022 KIAY
-	(Print Title)		1— ; ·	7.7
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has b	een notified of a	my ∑
			; ;:	H: 27
Signature of D	esociating Member or Resign	ning Manager	·	
-	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			