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(F	Requestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sbrew LLC. (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Samuel Brumenscherkel (Contact Person)		
Sbrew LLC (Firm/Company)		
11 Cedar St. (Address)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Samuel brumenschenke) at (386) 866-0961 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\sim\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$		
Mailing Address		

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

Street Address: 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)

	Sbreal LLC.	on the records of the Florida Department
	ment/registration number assigned to	this limited liability company is:
4.1. PATNICK (Print No. 1)	NEARNEY here Ime of Person Resigning) MITIR Print Title)	eill withdraw/resign is: 12/15/22 eby withdraw/resign as a liability company has been notified of my
resignation in wri	KPANNEY	
Signature of Di	ssociating Member or Resigning Mana	2022 AUG
	\$25.00 (Required) \$30.00 (Optional)	19 PH 2