(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	☐ WAIT	☐ MAIL		
L FICK-OF	WAII	L WAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies Certificates of Status				
<u>.</u>				
Special Instructions to Filing Officer:				
	J DEN	inus		
AUG 1 € 2023				

Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: Pirate City Brewin	19 LC at liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Forzest R. Jamison (Contact Person)	<del>-</del> .
(Firm/Company)	
293 Blaze Blvd (Address)	
Freeport FL 324.39 (City/State and Zip Code)	
For further information concerning this matter.	
Forrest R. Jamison (Name of Contact Person)	at ( <u>850</u> ) <u>687 - 0430</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\int_{\sigma}\$ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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	s it appears on the records of t	he Florida Department
of State is:	Pirate City Brewin	ng LLC	
2. The Florida docu	ment/registration number a	assigned to this limited liability	y company is:
L 22000 4	43662		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	n is: 6/15/2023
		, hereby withdraw/resig	
Partne	Print Title)		
of this limited liab resignation in wri		he limited liability company h	as been notified of my
Jonest	R. Jameson		BEURETARY 2023 JUL -7
Si <del>gn</del> áture of Di	ssociating Member or Resig	gning Manager	JL -7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH 9: 2: