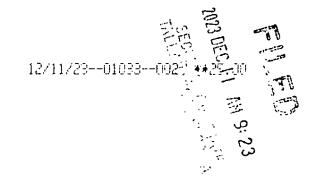
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Office Use Only





## COVER LETTER

SUBJECT: DRUK BY THE TURN, LLC (Name of Limited Liability Company)

TO:

CR2E079 (2/14)

Registration Section Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Contact Person
HUTCHINSON & HUFGMAN PA
SUO S. AUSTROMAN AVE #600 (Address)
W. form BOACH FL 3346/ (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (S6) 838-9793 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, 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 the records	s of the Florida Department
of State is: DRUAK BY THE TURN, LLC.	
2. The Florida document/registration number assigned to this limited lia	ability company is:
\zzooo5280s3	
3. The date this member/manager withdrew/resigned or will withdraw/re	esign is:
4. I. SAMUEL WILCO , hereby withdraw/r (Print Name of Person Resigning)	7023 DE T.//2.1.1.1
MEMBSR/MANALTER. (Print Title)	
of this limited liability company and affirm the limited liability comparesignation in writing.	iny has been notified of my
Alex Man	<u>,,</u> . · · <b>ω</b>
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	