

MI4000005325

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

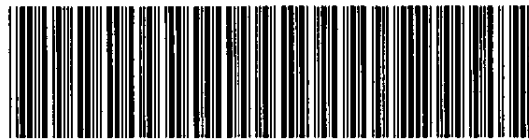
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 10, 2015

ROBBIN G MCCOOL  
1201 LOBLOLLY CT.  
OFALLON, IL 62269

SUBJECT: BOTTLING PLANT LLC  
Ref. Number: M14000005325

We have received your document for BOTTLING PLANT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 415A00014519

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2015 JUL 28 A 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bottling Plant 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:

Robbin McCool  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1201 Loblolly Ct.  
(Address)

OFallon IL. 62269  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aramina McCool at (770) 265-8082  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Payment of \$3500 has been made. Addition \$2000 is attached for Certified Copy.

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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)

2015 JUL 28

FILED

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bottling Plant LLC

2. The Florida document/registration number assigned to this limited liability company is:

M14000005325

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb. 9 2015

4. I, Robbin McCool, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Mgr.  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

\$20.00 Additional fee for  
Certified copy Attached.  
Previous check for \$35.00 has  
been paid.