M1400000 8382

(Requ	estor's Name	
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
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COVER LETTER

Division of Corporations Lakeshore Wine Cellars LLC **SUBJECT:** (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: Pamela M. Kopp (Contact Person) Lakeshore Wine Cellars LLC (Firm/Company) 1322 Still River Drive (Address) Venice, FL 34293 (City/State and Zip Code) For further information concerning this matter, please call: Pamela Kopp (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

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

TO:

Registration Section



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)

	he limited liability company as it appears on the records of the Florida Department keshore Wine Cellars LLC
M14000008382	ocument/registration number assigned to this limited liability company is:
3. The date this	member/manager withdrew/resigned or will withdraw/resign is:
4. I, Thomas A Ko	, hereby withdraw/resign as a national Name of Person Resigning)
Managing men	
	(Print Title)
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
X Thomas	Dissociating Member or Resigning Manager
Signature of	Dispociating Member of Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy: \$30.00 (Optional)