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COVER LETTER

SUBJECT: Name o	f Limited Liabili	ty Company	
DOCUMENT NUMBER: 1.20000306035			
The enclosed Resignation of Registered Age for filing.	gent for a Limit	ed Liability Comp	any and fee are submitted
Please return all correspondence concerning	g this matter to	the following:	
CLAUDIA OPORTA			
Name of Person			
SAMUELA, RUBERT, P.A.			
Name of Firm/Company			e. 9
2645 EXECUTICE PARK DR, STE 122			r Sir
Address		_	
WESTON, FL 33331			
City/State and Zip Code			70 F
N/A			14.3 14.3 64.3113
E-mail address: (to be used for future annual	report notification))	•
For further information concerning this ma	itter, please call	:	
CLAUDIA OPORTA	954 at (640-0296	
Name of Person	Area Coc	le Daytime Teleph	one Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Samuel A. Rubert, P.A.	. here	by resigns as	
	Name of Registered Agent		
Registered Agent for	VOSA SPIRITS, LLC		
	Name of Limited Liability Company		·
L20000306035			
Document	Number, if known		
	tion was mailed to the above listed limited liability compa	any at its last known addre	ess.
A copy of this resigna			
A copy of this resigna	tion was mailed to the above listed limited liability compa		
A copy of this resigna	tion was mailed to the above listed limited liability comparted and the office discontinued on the 31st day after the designature of Resigning Agent		
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability comparted and the office discontinued on the 31st day after the designature of Resigning Agent		
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability compared and the office discontinued on the 31st day after the designature of Resigning Agent	ate on which this statemer	
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability comparted and the office discontinued on the 31st day after the designature of Resigning Agent Signature of Resigning Agent Samuel A. Rubert		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314