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COVER LETTER

	Amendment Section Division of Corporations		
		WINE CO L	ISALTD INC
SUBJE	· · · · · · · · · · · · · · · · · · ·	(Name of Corporation	
DOCU	MENT NUMBER: F140000	02918	
The end	closed withdrawal application and fe	ee are submitted for fi	iling.
	return all correspondence concerning to the following:	this	
	JUSTIN BLINN		
		(Name of Person)	
	ANNE H. STEVENS	ON, CPA, PA	<u> </u>
		(Firm/Company)	
	233 E RICH AVE		
		(Address)	
	DELAND, FL 32724		_
	(Ci	ty/State and Zip code)
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JUS	STIN BLINN, CPA	at (386) 7	738-7353
Enclose	(Name of Person) ed is a check for the amount:	(Area Coo	de & Daytime Telephone Number)
√ \$35	Filing Fee \$\(\)\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

2017 NOV 2.7 PH 12: 0 I

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

THE TRUFFLE & WINE CO. USA LTD. INC			
F1400002918			
(Document Number of Corporation (if known)			
DELAWARE			
(Incorporated Under Laws of)			
This corporation is no longer transacting business or conducting affairs within the State of Florida and coluntarily surrenders its authority to transact business or conduct affairs in Florida.	hereby		
This corporation revokes the authority of its registered agent in Florida to accept service on its behappoints the Department of State as its agent for service of process based on a cause of action arising the time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
490 SEVEN DAY ROAD (PO BOX 422)			
(Mailing Address)			
MANJIMUP WESTERN AUSTRALIA 6258			
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the future of any change in its mailing addre	:SS.		
(Signature of a director, president or other officer - if in the hands of a (Date)			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)			
Deficient wes for Offices (Typed or printed name of person signing) (Title of person signing)			
(Typed or printed name of person signing) (Title of person signing)			

FILING FEE \$35