

L03000009207

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·			
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



700187754487

700187754487 11/16/10--01046--009 **\$5.00

10 NOV 16 PM 1: 13
SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

NOV 1 7 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	ons		•		
SUBJE	CT:	Rose	eVine Enter	orises, Ll	_C	
		Name	of Limited Liabili	ty Company		
Dear S	r or Madam:					
The en	closed Articles of Correc	ction and fee(s)	are submitted for	filing.		
	return all correspondenc	·		_		
		// Rosenberg	g			
	Nam	e of Person				
		Enterprises,	, LLC			
		Company				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		Seymour Dr	ive			
	A	ddress				至 2
		on, GA 3082	24			NOV 16 PH I
	City/State	and Zip Code				
E	Wilrose mail address: (to be use	Ent@aol.co	orn ual report notifica	tion)		10 NOV 16 PH 1:13 SECRE FARY OF STATE SALLAHASSEE, FLORIDA
For fur	her information concern	ing this matter,	please call:			
	Ann M Rose	nberg	at (70	06	962-7700	
	Name of Person	1	A	rea Code & Da	ytime Telephone Numl	per
Registra Division Clifton 2661 Ex	TT/COURIER ADDRE tion Section of Corporations Building secutive Center Circle ssee, Florida 32301	SS:		Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclose	ed is a check for the fol	lowing amount	t:			
\$ 25 I		iling Fee & ficate of Status	\$55 Filing Fo	ру С	60 Filing Fee, ertificate of Status & ertified Copy	;
CR2E0	52 (08/05)					



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

				,		
	imited liability company as in eVine Enterprises, LL		of the Flori	da Department		
2. This limited liabi	lity company was organized t	under the laws of:		ORENESEEF CREEKE		
3. The Florida docu L03000009	ment/registration number of t	his limited liability con	npany is:	LORIOF		
4. I, Finite Tools, Inc.		, hereby resign as a	, hereby resign as a Owner & Managing Member			
(Print Name of Person Resigning)			(Print Title)			
of this limited liab resignation in writ	ility company and affirm the ting.	limited liability compa	ny has been	notified of my		
Signature of Resig	gring Member, Managing Me	mber or Manager				
Filing Fee:	\$25.00 (Required)	,				
Certified Copy:	\$30.00 (Optional)					