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SECRETARY OF STATE

COVER LETTER

SUBJECT: Bruce Grego	ory Es	tate Vin	neyards, L.L.C. ty Company	
Name	or Limit	ed Liabilii	ly Company	
DOCUMENT NUMBER:	L03000029785			
The enclosed Resignation of Registered A for filing.	Agent fo	r a Limite	ed Liability Compan	y and fee are submitted
Please return all correspondence concern	ing this	matter to	the following:	
Felicia Henderson				
Name of Person			_	
Matthews Jones & Hawkins	•			
Name of Firm/Company			_	
4475 Legendary Drive)		_	
Destin, Florida 32541 City/State and Zip Code			_	
E-mail address: (to be used for future annua	•	·		
For further information concerning this m	atter, pl	ease call:		
Felicia Henderson Name of Person	at (_	850) 837-366 e & Daytime Telephor	2 ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations

TO:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,
	Dana C. Matthews	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	Bruce Gregory	Estate Vineyards, L.L.C.
	Name of Limited Liability Co.	mpany
L03000		
Document Nun	nber, if known	
A copy of this resignation	n was mailed to the above listed lim	ited liability company at its last known address.
The agency is terminated	and the office discontinued on the	31st day after the date on which this statement is filed.
	Signature of Re	signing Agent
If signing on behalf of an	entity:	
-	Typed or Printed No	ame
-	Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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