LU1000033791

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SCORTARY OF STATE

D. BRUCE

APR 0 6 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		of Limited Liability Company)
The enfiling.	nclosed member, managing mem	ther or manager resignation and fee(s) are submitted for
Please	return all correspondence conce	erning this matter to:
1	Just So Vino	
	(Contact Person)	ಕೂ ನ
_=	Firm/Company)	NILL AREAS
	P.O.Box 248 (Address)	TERRES TO
<u>}</u>	City/State and Zip Code	FL 33424
For fu	rther information concerning thi	s matter, please call:
M	(Name of Contact Person)	at (Zd) 366 - 0008 (Area Code & Daytime Telephone Number)
Enclos	sed please find a check made pay	vable to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it	• •	Florida Department			
2. This limited liabi	lity company was organized u whechevery Hereig	nder the laws of: <u>서</u> .				
3. The Florida document/registration number of this limited liability company is:						
Louoc	0033791					
4. I, Mero	Latint Bridge	, hereby resign as a OFFICE	12 WANDER			
of this limited liability company and affirm the limited liability company has been notified of my						
resignation in wri	2		12 APR			
Signature of Resignature	gning Member, Managing Mer	nber or Manager	TARY OF			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		N 1:05			