·L07000097641

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		

JUN - 9 2009

EXAMINER

Office Use Only



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06/08/09--01008--021 **25.00

2009 JUN -8 PM 2: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	tration Section ion of Corporations	`	
SUBJECT: _	The Wine	Giranited Liability Company)	
	(14ame of L	minted Liability Company)	
The enclosed A	Articles of Dissolution and fee(s) are su	bmitted for filing.	7 21
Please return a	ll correspondence concerning this matte	er to the following:	2009 JUN -8 SECRETARY TALLAHASSI
	GIENN A	MOCANJER	
		(Name of Person)	PH 2: 2' OF STATI
		(Firm/Company)	
	Po Box 1608 Hawthorne M	(Address)	
		(Address)	
	HAW ShorAE (Cit	y/State and Zip Code)	·
For further info	ormation concerning this matter, please		
4			
<u></u>	(Name of Person)	at (352) 5/4 (Area Code & Daytime	Y 1082 Telephone Number)
Enclosed is a ch	eck for the following amount:		
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:		RIER ADDRESS:
	Registration Section Division of Corporations	Registration Sect Division of Corp	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive (Tallahassee, FL 3	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

A LIMITED LIABILIT	TY COMPANY
	PHE E
1. The name of a limited liability company is	888
The Wine Guy	
2. The Articles of Organization were filed on Sept 3	and assigned document number
L0700097641	RIDE PO
· · · · · · · · · · · · · · · · · · ·	7
3. The date the dissolution was approved:	
4. A description of occurrence that resulted in the limited lial 608.441, Florida Statutes, (copy 608.441 on back cover let	bility company's dissolution pursuant to section tter).
The LLC War Star	ted - Due to Health REASON
5. CHECK ONE:	
All debts, obligations and liabilities of the limited	liability company have been paid or discharged.
OR- Adequate provision has been made for the debts, of	obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed an rights and interests. 	nong its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company in -OR-	•
Adequate provision has been made for the satisface	ction of any judgment, order or decree which may be
ignatures of the members having the same percentage of memb	nership interests necessary to approve the dissolution
Seminated of the memory was me and pame become as memory	versing interests necessary to approve the assessment.
Signature	Printed Name
H. Ann C	Crew A Mocander
	GIEND 14 MOCITICENS

FILING FEE: \$25.00