· LO 800014870

(Re	questor's Name)	•			
(Ad	dress)				
(Ad	dress)				
,	•				
(Cit	y/State/Zip/Phone	2 #)			
(On	grotatorzipii none	<i>-</i> " <i>)</i>			
PICK-UP	WAIT	MAIL			
,					
(Bu	siness Entity Nar	ne)			
	•	4			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
					
	•	1			
Special Instructions to	Filing Officer:				
	C JIANAGen				
S. HAWKES					
FEB 2 4 2009					
EXAMINER					

Office Use Only



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S. HAWKES

FER - 4 90 9

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: REEWINE ENTERPRIS	SES LLC
School	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
CAROLYN DAWSON	•
(Contact Person)	
REEWINE ENTERPRISES LLC	
(Firm/Company)	
5190 FLAX ROAD	
(Address)	
PENSACOLA, FL 32504	
(City/State and Zip Code)	19-14-14-14-14-14-14-14-14-14-14-14-14-14-
For further information concerning this matte	r, please call:
CAROLYN DAWSON	at (407) 694 8024
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
✓ \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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 app EWINE ENTERPRISES I		of the Flo	rida De _l	partmo	ent
2. This limited liability company was organized under the laws of: FLORIDA			RETARY OF SOME	FEB 23 PH		
3. The Florida docu L08000014	ment/registration number of this 870	limited liability com	pany is:		3 : 29	1
4. I, JEFFREY (Print N	DAWSON ame of Person Resigning)	hereby resign as a	MEMBI (Pri	ER/M(3R	-
of this limited liab resignation in wri	oility company and affirm the limiting.	ted liability compar	y has been	n notifie	d of n	ny
Signature of Resi	2. Llusoux gning Member, Managing Membe	er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					

\$30.00 (Optional)