

LD800009669Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

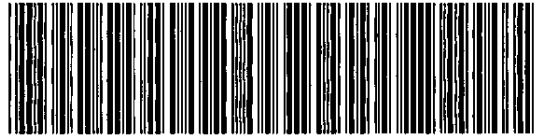
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09 AUG 26 AM 9:01  
TALLAHASSEE, FLORIDA

RA Resign  
Teller  
8-28-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wines of Distinction, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000096692

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abbas Bagheri  
Name of Person

Wines of Distinction, LLC  
Name of Firm/Company

335 Hibiscus Avenue  
Address

Merritt Island, FL 32953  
City/State and Zip Code

winesofdistinction@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbas Bagheri at ( 321 ) 253-8118  
Name of Person Area Code & Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Aaron D. Wiesenberg

Name of Registered Agent

, hereby resigns as

Registered Agent for Wines of Distinction, LLC

Name of Limited Liability Company

L08000096692

Document Number, if known

A copy of this resignation was mailed to the above listed limited 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 Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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**

FILED  
09 AUG 26 AM 9:07  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE