

L 0 9 0 0 0 0 4 0 2 9 5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

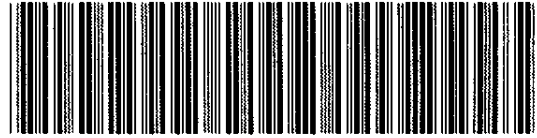
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2011 FEB - 4 PM 4: 40
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B. KOHR
FEB - 7 2011
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB - 4 AM 8: 03

CORPORATE AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
11 FEB -4 AM 8:03

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 02/04/2011

REF. #: 000076.142057

CORP. NAME: NETWORK WINES AND DISTRIBUTION LLC

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER: RESIGNATION OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 538412 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 FEB -4 AM 8:03

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CORPDIRECT AGENTS, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

NETWORK WINES AND DISTRIBUTION LLC

Name of Limited Liability Company

L09000040295

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:

MICHELE HOLDEN

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**