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(Re	equestor's Name)	
— (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/11/17-+01028-+014 **25.00

LIC 10707

COVER LETTER

SUBJECT: The Corkscrew Winery, UC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Joseph Carvalho (Contact Person)
The Cortscrew Winery (Firm/Company)
1U SW Broadway St.
Ocala, FL 34471 (City/State and Zip Code)
For further information concerning this matter, please call:
Joseph Carva I ha at (352) 304-1593 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY The state of the control of the co

1. The name of th	e limited liability company as it appears on the records of the Florida Department
of State is:	The Corkscrew Winery, LLC.
2. The Florida doo	cument/registration number assigned to this limited liability company is:
L120	000140152
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: 12/3/17
4. I, <u>Yell</u>	Carvalno, hereby withdraw/resign as a Name of Person Resigning)
(Print	Name of Person Resigning)
Mana	Print Filly)
of this limited li- resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Kee	u Caree
Signature of D	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)