

L13000117297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

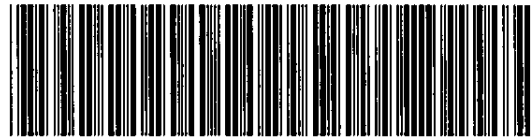
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

2014 JAN 28 AM 12:01

B. BOSTICK
JAN 31 2014
EXAMINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cottage Cove Cellars LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000117297

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:

Karan J. Gregory
Name of Person

Cottage Cove Cellars, LLC
Name of Firm/Company

3555 US Hwy 17 #4
Address

Fleming Island, FL 32003
City/State and Zip Code

Cottagecovecellars@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karan J. Gregory at (512) 573-8817
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2016 JAN 28 AM 12:01
TALLAHASSEE, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kerri A Bell

, hereby resigns as

Name of Registered Agent

Registered Agent for

Co Hage Cove Cellars LLC

Name of Limited Liability Company

L13000117297

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.

Kerri A Bell

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/
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

2014 JAN 28 AM 12:01
TALLAHASSEE, FL 32314