L13000137063

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(6)	u/State (7 in/Dhane	40
(CII	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL.
<u>.</u> . (Bu	isiness Entity Nan	ne)
(,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700262741117

08/11/14--01014--009 **55.00

SLORETARY OF STATE
SHORETARY OF SHORETARY OF SHORETARY OF STATE
SHORETARY OF SHORETA

C. LEWIS AUG 2 0 2014 EXAMINER

COVER LETTER

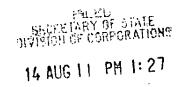
Registration Section

TO:

CR2E079 (2/14)

Division of Corporations **RAMS WINE LLC SUBJECT:** (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: Richard J Genova (Contact Person) (Firm/Company) 52 Richards Road (Address) Port Washington, NY 11050 (City/State and Zip Code) For further information concerning this matter, please call: Richard J Genova (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee 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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the records of the Florida Department of State is: RAMS WINE LLC
2. The Florida document/registration number assigned to this limited liability company is: L13000137063
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 31, 2014 4. I, Richard J Genova, hereby withdraw/resign as a
(Print Name of Person Resigning) Member and Manager (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)