115000/180626

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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D. SCOTT APR 5 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WORL	DWIDE FOOD AND WINE, LLC
Na Na	ame of Limited Liability Company
DOCUMENT NUMBER: L15000)180626
The enclosed Resignation of Register for filing.	ed Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conc	erning this matter to the following:
Rhonda Peirce Name of Person	
Capitol Corporate Services, Inc. Name of Firm/Comp	
PO Box 1831 Address	
Austin, TX 78767 City/State and Zip C	CRETARIO OF STATE OF
rpeirce@capitolservices.com E-mail address: (to be used for future ar	unual report notification)
For further information concerning th	is matter, please call:
Rhonda Peirce Name of Person	at (800) 345-4647 Area Code Daytime Telephone Number
Enclosed is a check made payable to t liability company or \$25.00 for an addiability company.	he Florida Department of State for \$85.00 for an active limited ministratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 analassee, 1 L 32314	Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florid	la Statutes, the	undersigned,	
	Corporate Services, I	nc.	, hereby resigns	s as
Registered Agent for		/IDE FOOD	AND WINE, LL	С
<u> </u>	Nam	e of the Limited Li	iability Company	
L15000				
Document Numb	per, if known			
A copy of this resignation	was mailed to the above lis	sted limited lial	bility company at its	last known address.
The agency is terminated a	and the office discontinued	on the 31st day	y after the date on wh	nich this statement is filed.
_	2:	1	J	
	Signatu	e of Resigning A	gent	
If signing on behalf of an	entity:			
	Jason	Fischer		-4,7, -4
_		rinted Name		200
	Assistant	t Secretary		超るコ
	Сарас	ity		一
	FILING FEES: \$ 85.00 Activ \$ 25.00 Admi	e limited liabil inistratively dis drawn limited	lity company ssolved/voluntarily liability company	PA PA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Division of	on Section of Corporations	
SUBJECT:	WORLDWIDE FOO	DD AND WINE, LLC
<u></u> .	Name of Limited	Liability Company
DOCUMENT N	umber: L15000180626	
The enclosed Res for filing.	ignation of Registered Agent for a	Limited Liability Company and fee are submitted
Please return all c	согтеspondence concerning this ma	tter to the following:
Rhonda Peirce	Name of Person	
Capitol Corpora	ate Services, Inc. (Registered Name of Firm/Company	Agent Dept.)
PO Box 1831	Address	
Austin, TX 787	767 City/State and Zip Code	TALLER T
rpeirce@capito E-mail address:	biservices.com (to be used for future annual report notifi	ication)
For further inform	nation concerning this matter, pleas	se call:
Rhonda Peirce		800 345-4647 ea Code Daytime Telephone Number
Enclosed is a checliability company liability company		partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADD Registration Secti Division of Corpo P.O. Box 6327	ion	STREET ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee FL 3	2314	2661 Executive Center Circle

Return acknowledgment to:

Tallahassee, FL 32301

INHS17 (2/14)

Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 605.0115, Florida Statutes, the undersigned,
Capi	Ol Corporate Services, Inc. , hereby resigns as
Registered Agent for	WORLDWIDE FOOD AND WINE, LLC
l	Name of the Limited Liability Company
Document	00180626 Number, if known
	tion was mailed to the above listed limited liability company at its last known address. ted and the office discontinued on the 31st day after the date on which this statement is filed.
If signing on behalf of	Jason Fischer 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



Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 3/30/2017

FLORIDA

REP UNIT:

WORLDWIDE FOOD AND WINE,

LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 28460 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767





