L20 000 150965

| | Request | or's Name) | <u> </u> |
|---|------------|--------------|-------------|
| | (Àddress |) | |
| | (Address |) | |
| | (City/Stat | e/Zip/Phone | e #) |
| PICK-UF | . [|] WAIT | MAIL |
| | (Busines | s Entity Nar | ne) |
| | (Docume | nt Number) | |
| Certified Copies | | Certificates | s of Status |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| LET'S GET WINED IN FLORIDA, LLC SUBJECT: | |
| (Name of Limited Liability Co | ompany) |
| The enclosed member, resignation or dissociation and feet | (s) are submitted for filing. |
| Please return all correspondence concerning this matter to | ı: |
| LINDA BROWN BARTHELL | |
| (Contact Person) | |
| LET'S GET WINED IN FLORIDA JLLC | |
| (Firm/Company) | |
| 140 SW RIDGECREST DR | |
| (Address) | |
| PORT ST LUCIE, FLORIDA 34953 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call | : |
| LINDA BROWN BARTHELL 772 at (at (| 6265905 |
| | le & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Filing | Department of State for: ng Fee & Certified Copy |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

CR2E079 (2/14)



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)

| 1. The name of the limited liability of State is: | company as it appears on the records of the Florida Department |
|--|---|
| 2. The Florida document/registration L20000150965 | on number assigned to this limited liability company is: |
| LINDA RROWN RAPTHELL | withdrew/resigned or will withdraw/resign is: 02/03/2021 / 202- , hereby withdraw/resign as a ligning) |
| (Print Name of Person Res. LINDA BROWN BARTHELL (Print Title) | <u></u> |
| of this limited liability company a resignation in writing. | and affirm the limited liability company has been notified of my |
| Signature of Dissociating Mem | ber or Resigning Manager |
| Filing Fee: \$25.00 (Req Certified Copy: \$30.00 (Opti | |