L24000214005

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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	CELLAR WINES DISTRIBUTOR LLC	
5000	(Name of Limited Liabil	lity Company)
The en	nclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to:
Leticia	R. Vega	
	(Contact Person)	
CELLA	AR Wines Distributor LLC	
	(Firm/Company)	
9370 S	W 72nd Street Sk. 255	
	(Address)	
Miami.	FL 33173	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please	e call:
Leticia	R. Vega 305	588-7806
	(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
	sed please find a check made payable to the Flo 5 Filing Fee	orida Department of State for: Filing 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)

	e limited liability company a	as it appears on the records of the	Florida Department	
2. The Florida doc L24000214005	ument/registration number	assigned to this limited liability o	company is:	
Ela V. Chause		esigned or will withdraw/resign is		
4. l,	1, (Print Name of Person Resigning)		hereby withdraw/resign as a	
	vame of Person Resigning)		. 2	
Manager				
	(Print Title)		`	
of this limited lia resignation in w	• •	the limited liability company has	been notified of my	
5.C4 V	Chang issociating Member or Resi			
Signature of D	issociating Member or Resi	igning Manager		
	\$25.00 (Required)			
сепшеа сору:	\$30.00 (Optional)			