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SECRETARY OF STATE

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COVER LETTER

Registration Section Division of Corporations

SUBJECT: IIN B	arn Vineyards, LLC (Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
	rawal and fee(s) are submitt	ed for filing		
	. ,	•		
Please return all cor	respondence concerning this	s matter to the following	3:	
Teresa Mengali				
	(Name of Person)		-	
Compliance Con	unaction			
Compliance Con	(Firm/Company)		er ef	<u>.</u>
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400 Millian Date	o Cuito 20C		E E	2
160 Wikiup Driv	(Address)		SS SS	-
	(Address)		in <u>a</u>	
Santa F	Rosa CA	95403	ري. السرد يلس ب	
,	(City/State and Zip Coo	de)	ma Min Min	٠
For further informat	tion concerning this matter,	please call:		
eresa Mengali		at (707) 284- 2	2828, ext. 316	
(N	lame of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Exect	utive Center Circle e, Florida 32301		assee, Florida 32314	
Enclosed is a check	for the following amount	:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Tin Barn Vineyards, LLC	
(Name of limited liability company)	
CA	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.	
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.	
160 Wikiup Drive, Suite 206	
(Mailing address)	
Santa Rosa CA 95403	7
$(City/State/Zip)$ $\omega = -$	armer:
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The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
Thehad Laneurt	
(Signature of member or authorized representative of a member)	
Michael Alan Lancaster	
(Typed or printed name of signee)	

Filing Fee: \$25.00