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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
ANALYSIE FLOSIO

Bring C. Mills

December 3, 2012

To Whom It May Concern:

By this letter, the undersigned, on behalf of Joseph Phelps Vineyards LLC, dba Joseph Phelps Vineyards, appoints Deanna Leon (located in Pinole, California), as its Alcohol Compliance Consultant, and authorizes the named consultant to sign and submit any documents required to obtain, renew and maintain a license/permit to ship alcoholic beverage products into your state. This grant of authority includes, but is not limited to, signing license and license renewal applications, product/brand/label registration forms, distributor appointments, territorial assignments, price postings, monthly shipping reports, sales tax applications, sales tax reporting, bond applications and surety bonds, and to be the recipient of any communication from your state regarding these matters. This grant of authority is effective as of the date written above.

This appointment and authorization shall remain in force until the undersigned or other authorized company representative revokes it in writing. This appointment is intended to supersede and replace any prior similar appointments given to other consultants.

Please send all correspondence with regard to these matters to the above-named Alcohol Compliance Consultant, c/o C Q & A Consulting, PO Box 777, Pinole, CA 94564. Other contact information is: phone 510-964-7901; fax 510-223-8140; cell 510-685-4599; email dleon@cqaconsult.net.

Should you have questions about the foregoing, please feel free to contact us

Sincerely, Joseph Phelps Vineyards LLC dba Joseph Phelps Vineyards

By: _____

William H Phelps, President

TITO

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Joseph Phelps Vineyards LLC (Name of Foreign Limited Liability Company) | |
| Dear Sir or Madam: | |
| The enclosed withdrawal and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Deanna Leon (Name of Person) | |
| COAA Consulting (Firm/Company) | |
| POBOX 777 (Address) ALCA QUELLA SECRETARY ASSET ALCA ASSET ASSE | T |
| | |
| (City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call: | |
| Deanna Leon at (510) 9647901 | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee \$\simega\$\$30 Filing Fee & \$\simega\$\$ \$55 Filing Fee & \$\simega\$\$ \$60 Filing Fee, Certificate of Status \$\simega\$\$ Certified Copy | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Joseph Phelps Vincyards LLC (Name of Mmited liability company) | | |
|--|----------------------------------|--|
| (Name of Vimited liability company) | | |
| <u>CA</u> | | |
| (Jurisdiction of its organization) | | |
| 7/13/2007 | | |
| (Date registered with Florida Department of State) | | |
| M0700004177 | - <u>-</u> | |
| (Florida Document Number) | | |
| This limited liability company is withdrawing its certificate of authority in this | state. | |
| (Signature of authorized representative) Deanna Leon | | |
| (Signature of authorized representative) | | |
| Deanna Leon | 2016 MAR 25 SECRETARY TALLAHASSI | |
| (Typed or printed name of signee) | 哥哥 | The second secon |
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Filing Fee: \$25.00