## 1111 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000080294 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500

: (702)866-2689 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT RESIGNATION **DENHOED WINE ESTATES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

EXAMINER

ctronic Filing Menu

Corporate Filing Menu

Help

4/3/2014

12:43:45 p.m. 04-03-2014 2/3

## **COVER LETTER**

TO: Registration Section Division of Corporations

1111

UBJECT:
Name of Limited Liability Company
OCUMENT NUMBER: M10000001080
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted or filing.
lease return all correspondence concerning this matter to the following:
Nendy Hefley
Name of Person
ncorp Services, Inc.
Name of Firm/Company
2360 Corporate Circle, Suite 400
Address
Henderson, NV 89074
City/State and Zip Code
processing@incorp.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
ncorp Services, Inc./Wendy Hefley 702 866-2500 ext 6601
Name of Person Area Code Daytime Telephone Number
nclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

3 /3

14 APR -3 AM 9: 16

## SECRETARY OF STATE STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ions of section 605.0115, Florida Statutes, the undersigned,		
Incorp Services, In	Inc. hereby re-	, hereby resigns as	
	Name of Registered Agent	- 5	
Registered Agent for _	DENHOED WINE ESTATES, L.L.C.		
	Name of Limited Liability Company		
M10000001080			
Document N	Number, if known		
A copy of this resignati	tion was mailed to the above listed limited liability company a	t its last known address.	
The agency is terminate	ted and the office discontinued on the 31st day after the date o	n which this statement is filed.	
	Signatury of Resigning Agent		
If signing on behalf of	fan entity:		
	Wendy Hefley for Incorp Services, Inc.		
	Typed or Printed Name		
	Authorized Representative		
	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 Tallahussee, FL 32314