

M14000006686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAR 25 P 1:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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3 MASON

# ORIN SWIFT

September 16, 2015

To Whom It May Concern:

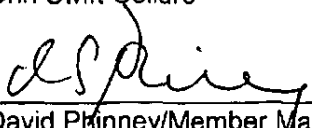
By this letter, the undersigned, on behalf of Orin Swift Cellars, LLC dba Orin Swift Cellars, appoints Deanna Leon (located in Pinole, California), as its Alcohol Compliance Consultant, and authorizes the named consultant to sign and submit any documents required to obtain, renew and maintain a license/permit 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 Deanna Leon, 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,  
Orin Swift Cellars, LLC  
dba Orin Swift Cellars

By:   
David Phinney/Member Manager

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

County of Napa  
State of California

*Attached*

On this 17<sup>th</sup> day of September, before me David Phinney the undersigned person, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument and acknowledged that \_\_\_\_\_ executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date Commission Expires

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orin Swift Cellars 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)

C&A Consulting  
(Firm/Company)

PO Box 777  
(Address)

Pineola, CA 94564  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deanna Leon at ( 510 ) 964 7901  
(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    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Orin Swift Cellars LLC

(Name of limited liability company)

CA

(Jurisdiction of its organization)

9/8/2014

(Date registered with Florida Department of State)

M14000006686

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Deanna Leon

(Signature of authorized representative)

Deanna Leon

(Typed or printed name of signee)

**FILED**  
2016 MAR 25 P 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of Napa )

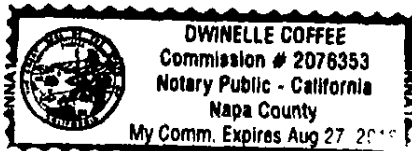
On September 17, 2015 before me, Dwinelle Coffee, Notary Public,  
Date Here Insert Name and Title of the Officer

personally appeared David Phinney  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Dwinelle Coffee  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_