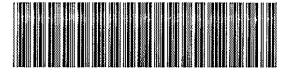
P05000/28430

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	→#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
*				

Office Use Only



400078153984

08/03/06--01054--025 **35.00

My Ruy

OG AUG -3 AM 8: 5:

COVER LETTER

SUBJECT: Vine Wine To C. (Name of Corporation)
DOCUMENT NUMBER: POSODO 128430
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy L. Blinn (Name of Person)
Vine Wines Inc / DBA/Winestyles (Name of Fitm/Company)
16610 Pastino DR. (Address)
Wellington Fl 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
Amy Blinn at (5(01) 805-2763 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Amy B	1,00	, hereby resign as \\\Ce	President/Secr	e-lein
of Vine U	Oines In	otion)		
POSOOL 2 S (Document Number, if	(430 a corp	oration organized under the	laws of the State of	€ 2
Floricla			-	
(Cuy Signature o	of resigning officer/director)	06 AUG -3 AM 8: 5 SECKETARY OF STAT TALLAHASSEE, FLORI	1

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314