

FOV 000005268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

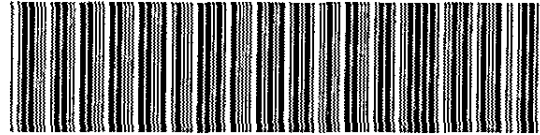
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3-19-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Il Cuore Wine Cellars, Inc
(Name of Corporation)

DOCUMENT NUMBER: F06000005268

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)
Il Cuore Wine Cellars Inc.
(Firm/Company)
PO Box 7838
(Address)
Santa Rosa, CA 95407
(City/State and Zip code)

For further information concerning this matter, please call:

Ila Halstead at (707) 284-2828
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Il Cuore Wine Cellars, Incorporated
(Name of Corporation)

F 060 0000 5268
(Document Number of Corporation (if known))

California
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

PO Box 7838
(Mailing Address)

Santa Rosa, CA 95407
(City/State/Zip)

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ALL APASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Ila Halstead
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

3/7/07
(Date)

Ila Halstead
(Typed or printed name of person signing)

Compliance Specialist
(Title of person signing)

FILING FEE \$35