

L14000003792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100273315361

05/28/15--01005--002 **25.00

FILED
2015 MAY 28 PM 2:39
PLEASE PART OF SEATTLE
DIVISION OF RESS

Leo/RA
@ 6/3/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANNABIS BEVERAGE DEVELOPMENT
Name of Limited Liability Company

DOCUMENT NUMBER: L 14000037992

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN D. FREESTONE
Name of Person

SELF
Name of Firm/Company

PO BOX 700423
Address

WABASSO, FL. 32970
City/State and Zip Code

g39@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Freestone at (772) 453-1129
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

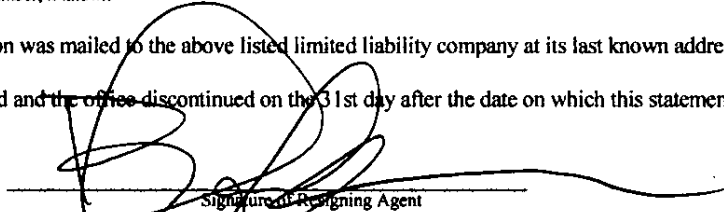
BRIANO FREESTONE, hereby resigns as
Name of Registered Agent

Registered Agent for CANNABIS BEVERAGE DEVELOPMENT
SAME
Name of Limited Liability Company

L14000037992
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

BRIAN D. FREESTONE
Typed or Printed Name
SELF
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
Tallahassee, FL 32314

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 MAY 28 PM 2:39