

F11000003317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

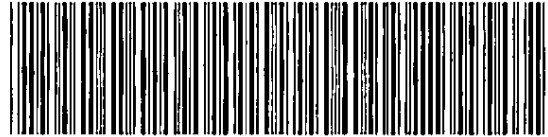
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100422958561

02/05/24--01026--021 \*\*97.50

2024-05-05 AM 11:56  
STATE  
OFFICE, FL  
ED

R. HUNT

5/6/25/24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BHANG Corporation  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F14000003347  
\_\_\_\_\_

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Graham Simmonds  
\_\_\_\_\_  
(Name of Person)

Bhang Corporation  
\_\_\_\_\_  
(Name of Firm/Company)

134 Kitzbuhl Cres  
\_\_\_\_\_  
(Address)

Blue Mountains 1.9Y0S5 CA  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Graham Simmonds at (416) 843-2881  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
DIVISION OF STATE  
CORPORATIONS, FL  
JAN 11 1995 AM 11:57

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Benjamin H. Brodsky

(Name of Registered Agent)

hereby resigns as Registered Agent for Bhang Corporation

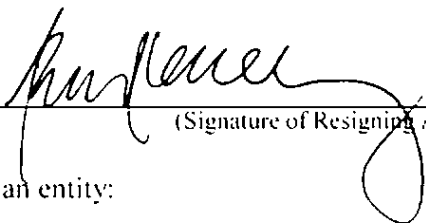
(Name of Corporation)

F14000003347

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
2021-03-05 AM 11:57  
TALLAHASSEE, FL  
DIVISION OF STATE

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314