

L14000005826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 03 2015
J. HARRIS

TO: Registration Section
Division of Corporations

SUBJECT: Drink Juice Monkeys LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L14000005826

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:

Donald Vincent Fountain

Name of Person

Drink Juice Monkeys LLC

Name of Firm/Company

3140 W Kennedy Blvd Suite 102

Address

Tampa, FL 33609

City/State and Zip Code

drinkjuicemonkeys@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donal Vincent Fountain 813 846-5020

Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Dean Millard

, hereby resigns as

Name of Registered Agent

Drink Juice Monkeys LLC

Registered Agent for

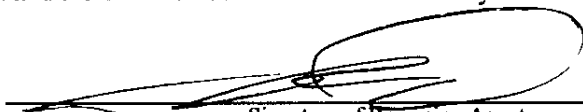
Name of Limited Liability Company

L14000005826

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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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