

L15000138954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

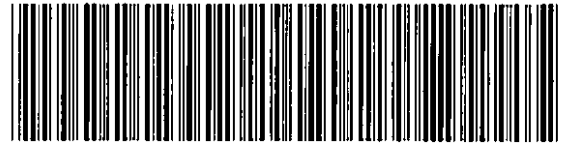
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Voka Spirits, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000138954

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:

Ralph Kenol

Name of Person

Ralph Kenol, P.A.

Name of Firm/Company

1940 Harrison St., Suite # 304

Address

Hollywood, FL 33020

City/State and Zip Code

rk@ralphkenolpa.com

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

For further information concerning this matter, please call:

Ralph Kenol at ( 954 ) 600-9228  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

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

Ralph Kenol \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Voka Spirits, LLC

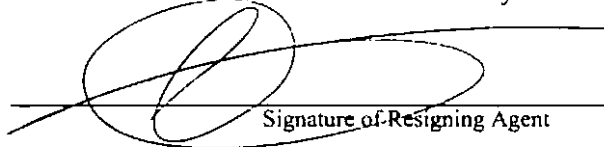
\_\_\_\_\_  
Name of Limited Liability Company

L15000138954

\_\_\_\_\_  
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:

Ralph Kenol, PA

\_\_\_\_\_  
Typed or Printed Name

Attorney/Owner of Law Firm

\_\_\_\_\_  
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

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