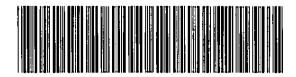
# L17000016230

(Requestor's Name)		
(Address)		
(Address)		
( and a same		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instituctions to 1 imig Officer.		

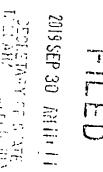
Office Use Only



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\* SULKER 0CT 1 7 2019

### **COVER LETTER**

SUBJECT: POLYPHONY BEER COMPANY, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000016230 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd, 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kasandra Lund 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

**TO:** Registration Section

**Division of Corporations** 

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 provis	ions of section 605.0115, Florida Statutes, the undersign	ed.	
United States Cor	, hereby resigns as		
Name of Registered Agent		_ , neresy rooigns no	
Registered Agent for_	POLYPHONY BEER COMPANY, LLC	<del></del>	
	Name of Limited Liability Company	,	
POLYPHONY BEE	ER COMPANY, LLC		
	Number, if known		
	tion was mailed to the above listed limited liability comp	•	
The agency is terminat	ed and the office discontinued on the 31st day after the date  Signature of Resigning Agent	2016	
If signing on behalf of an entity:		SEP 30 F	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agents, In	o. ————————————————————————————————————	
	Capacity	<del>-</del>	

### 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

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