117000184233

(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



100352188811

09/28/20--01014--030 **35.00

TALLAHASSEE, FL

JQ 10/31/20

COVER LETTER

TO: Registration Section Division of Corporations

RABBITS BREWING BEER LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000184233	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are
Please return all correspondence concerning this matter to t	he 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:	
Joyce Yi 800	773-0888 x7789 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 submitted

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for R	ABBITS BREWING BEER LLC		
	Name of Limited Liability Company	·	
L17000184233			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day afte	or the date on which this statement is	tīled.
	Signature of Resigning Agent		
If signing on behalf of a	n entity:		3 3 3
	Cheyenne Moseley	VALUE ARY Pents Inc.	2 }
	Typed or Printed Name		; ; ; ;
	Asst. Secretary for United States Corporation Ag	βοτιτο, (γ) · ·	•
	Capacity	SEE AM	
		AM II: 23 OF STATE SEE. FL	O
	FILING FEES: \$ 85.00 Active limited liability of Administratively dissolv withdrawn limited liabil	ed/voluntarily dissolved/	

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