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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

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## LLC REGISTERED AGENT RESIGNATION BIG STORM DISTILLING COMPANY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$55.00 |

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

| Pursuant to the provis  | ions of section 605.011:       | 5, Florida Statutes, the un  | dersigned,   |               |
|-------------------------|--------------------------------|--|--|---------------|
| BUSH ROSS RE            | GISTERED AGENT                 | SERVICES, LLC  | , hereby resigns as                                      |               |
|                         | Name of Registered Age         | nt   | _, , , , , ,   |               |
| Registered Agent for    | BIG STORM DIST                 | FILLING COMPANY  | LLC  |               |
|                         |                                |  |  |               |
|                         | Name of Lim                    | ited Liability Company   |  |               |
| L18000257523            |                                |  |  |               |
| Document                | Number, if known               | <del></del>  |  |               |
| A copy of this resigna  | tion was mailed to the a       | bove listed limited liabili  | ity company at its last known a                          | ddress.       |
| The agency is termina   | ated and the office disco      | ntinued on the 31st day a  | fter the date on which this state                        | ment is filed |
| If signing on behalf of | f an entity:                   | of Resigning Ager  | nt   |               |
|                         | JOSEPH A. PRO                  | DRASCO ESO   |  |               |
|                         |                                | yped or Printed Name   |  |               |
|                         |                                | * *  | AGENT SERVICES, LLC                                      | ) (>)         |
|                         |                                | Capacity   |  | 025           |
|                         | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability Administratively disso withdrawn limited liab | company<br>lved/voluntarily dissolved/<br>pility company | 73521 PH 1346 |

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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