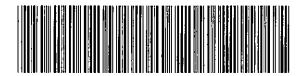
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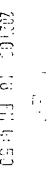
or's Name)			
)			
e/Zip/Phone #)			
_	MAIL		
(Business Entity Name)			
· · · · · · · · · · · · · · · · · · ·			
(Document Number)			
Certificates of Stat	us		
Special Instructions to Filing Officer:			
J. HORNE	•		
	nt Number) Certificates of Stat Officer:		





500438116735

10/18/24--01019--004 **25.00



COVER LETTER

Name of Limited Liability	Company
DOCUMENT NUMBER: 1.21000094153	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Name of Person	
NewFloridaBiz.com	
Name of Firm/Company	
25909 Crippen Dr	
Address	
Land O Lakes, FL 34639	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the ur	ndersigned.
	NewFloridaBiz.com	, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	RULE G BREWING COMPANY LLC	
	Name of Limited Liability Company	
1 210	00091153	
	Sumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminat	ted and the office discontinued on the 31st day a	
If signing on behalf of	an entity:	
	Jonathon Baker	
	Typed or Printed Name	
	Manager	
	Capacity	

FILING FEES:

\$ 85.00 | Active limited liability company |
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