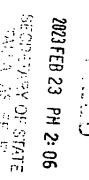
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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section Division of Corporations SUBJECT: REMEDI BEVERAGE LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000117709 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 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

For further information concerning this matter, please call:

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the under	signed,	
United States Corporation Agents, Inc.			. hereby resigns as	
Name of Registered Agent			mereo, reeigna aa	
Registered Agent for R	EMEDI BEVERA	GE LLC	·	
	Name of Lim	ited Liability Company		
L21000117709				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liability o	ompany at its last known ac	ldress.
The agency is terminated	d and the office disco	ntinued on the 31st day after	the date on which this state	ment is filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Mose	eley		
	T	yped or Printed Name	<u></u> ਦੂ	28
	Asst. Secretary for L	Inited States Corporation Age	ents, Inc.	723 F
		Capacity		2023 FEB 23
			2	23
	FILING	FEES:	9,9	₹ iii
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved y company	ED PH 2:06

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