L25000229210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RA Resignation

SEP 12 2025

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPT Taphouse, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L25000229210

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:

Thomas M Hickey
Name of Person

CPT Taphouse, LLC
Name of Firm/Company

1939 NE Jensen Beach Blvd
Address

Jensen Beach, FL 34957
City/State and Zip Code

tmhickey2023@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas M Hickey at (772) 359-8962
Name of Person — Area Code — Daytime Telephone Number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2025

THOMAS M. HICKEY
CPT TAPHOUSE, LLC
1939 NE JENSEN BEACH BLVD., UNIT 4
JENSEN BEACH, FL 34957

SUBJECT: CPT TAPHOUSE, LLC
Ref. Number: L25000229210

We have received your document for CPT TAPHOUSE, LLC and your check(s) totaling $85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

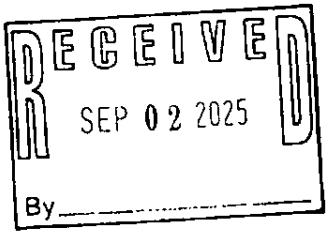
The Registered Agent listed on this entity is Cowen Edwards, PLLC. Mr. Edwards sign on behalf of the PLLC but he is not listed as the agent on our records. If the Registered Agent listed wants to resign then they will have to be listed on the top line of the application and Mr. Edwards would sign on behalf of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 325A00017670



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Cowen Edwards, PLLC , hereby resigns as

Name of Registered Agent

Registered Agent for CPT Taphouse, LLC

Name of Limited Liability Company

L25000229210

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Paul Edwards

Signature of Resigning Agent

If signing on behalf of an entity:

PAUL EDWARDS

Typed or Printed Name

Member

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 SEP -2 PM 4:40

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

INHS17 (2/14)