P02000006211

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
		
(Ru	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAKELAND BEVERAGE, INC. (Name of Corporation)
DOCUMENT NUMBER: P02000006211
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT J. BERTRAND (Name of Person)
GRAY ROBINSON, P.A. (Name of Firm/Company)
POST OFFICE BOX 3
(Address)
LAKELAND, FLORIDA 33802-0003
(City/State and Zip Code)
For further information concerning this matter, please call:
DAVID D. HALLOCK, JR. at (863) 284-2200 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporati

on or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	ROBERT J. BERTRAND (Name of Registered Agent)	_
hereby resigns as Registered Agen	t for LAKELAND BEVERAGE, INC. (Name of Corporation)	_ _ ,
P02000006211		
(Document Number, if known)		
A copy of this resignation was main	iled to the above listed corporation at its last known address	SS.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which (Signature of Resigning Agent)	
If signing on behalf of an entity:	JALLA ALLA	# 30
GRAY ROBIN	NSON, P.A.	= 1
	(Typed or Printed Name)	7 7
ATTORNEY	FLORI.	
	(Capacity)	20

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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