

PD3000018627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700119270467

03/05/08--01038--012 **160.00

FILED
08 MAR -5 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res.

SF

3/10

BERKOWITZ & ASSOCIATES, P.A.

ATTORNEYS AND COUNSELORS AT LAW
2101 NW CORPORATE BOULEVARD
SUITE 300
BOCA RATON, FLORIDA 33431

TELEPHONE (561) 982-7800
FACSIMILE (561) 982-8870
E-MAIL: IAN@BUSINESSCOUNSELOR.COM

IAN M. BERKOWITZ

OF COUNSEL

MAURICE BERKOWITZ
ALSO ADMITTED NEW YORK BAR
DAVID J. BERKOWITZ

January 22, 2008

VIA US MAIL

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

**RE: Corporation Name: BOCA BEVERAGE DISTRIBUTION, INC.
Document Number: P03000018627**

Dear Sir/ Madame:

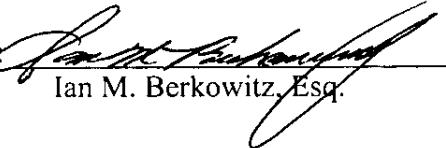
Enclosed please find the Resignation of Registered Agent for a Corporation for filing in addition to the required fee in the amount of \$35.00 for processing this inactive corporation/ administratively dissolved registered agent resignation. As noted on your form, all correspondence regarding the above referenced matter can be directed to:

**Ian M. Berkowitz, Esq.
BERKOWITZ & ASSOCIATES, P.A.
2101 NW Corporate Blvd.
Suite 300
Boca Raton, FL 33431
TEL: (561) 982-7800 FAX: (561) 982-8870**

Please feel free to contact me with any questions or comments you might have.

Sincerely,

BERKOWITZ & ASSOCIATES, P.A.

By: 

Ian M. Berkowitz, Esq.

Enclosure
IMB/nem

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, IAN M. BERKOWITZ, ESQUIRE

(Name of Registered Agent)

hereby resigns as Registered Agent for BOCA BEVERAGE DISTRIBUTION, INC.

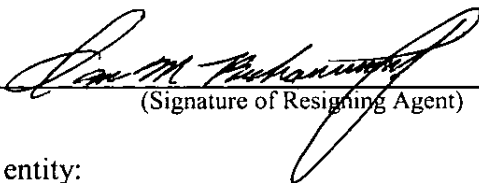
(Name of Corporation)

P03000018627

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
08 MAR -5 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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