

PO9000100298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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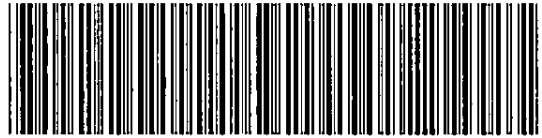
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Re Resignation

APR 05 2024

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BREWER'S PIZZA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000100298

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:

JAMES POINDEXTER

(Name of Person)

DELEGAL POINDEXTER & UNDERKOFER, P.A.

(Name of Firm/Company)

424 EAST MONROE STREET

(Address)

JACKSONVILLE, FLORIDA 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES POINDEXTER

(Name of Person)

at (904) 633-5000

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JAMES POINDEXTER

(Name of Registered Agent)

hereby resigns as Registered Agent for BREWER'S PIZZA, INC.

(Name of Corporation)

P09000100298

(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.

James Poindexter

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

STATE
TALLAHASSEE, FL
SECRETARY OF STATE

2024 MAR 12 PM 1:20

FILED

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