(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
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COVER LETTER

	endment Section ision of Corporation	าร
SUBJECT:	Bones and Brew	, Inc
,		(Name of Corporation)
DOCUME	NT NUMBER: P	09000100641
The enclose	d Resignation of R	egistered Agent for a Corporation and fee are submitted for filing.
Please return	n all correspondenc	e concerning this matter to the following:
¹ ≀Lisa Jeffrid	es	
***************************************	(Name of	Person)
Regal Cus	stom Painting	
	(Name of Fire	n/Company)
1370 Sam	no Rd. Suite E	
	(Addr	ess)
Melbourne	e, Florida 32935	
	(City/State an	d Zip Code)
For further in	nformation concern	ning this matter, please call:
Kurt Loren:		at (321) 863-2729
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a or \$35.00 for	a check made payal r an administrative	ple to the Florida Department of State for \$87.50 for an active corporation by dissolved, voluntarily dissolved or withdrawn corporation.
Street Addr Amendment Division of C Clifton Build 2661 Executi	Section Corporations ling ive Center Circle	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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
	Florida Statutes, the undersigned, Kurt Lorenzini (Name of Registered Agent)	
	hereby resigns as Registered Agent for Bones and Brew, Inc (Name of Corporation)	
	P09000100641	
Ì	(Document Number, if known)	
 A copy of this resignation was mailed to the above listed corporation at its last known ado 		
	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:	
	Lunct LOCENZINI (Typed or Printed Name)	
	Owvel Phis identity) Grapacity) Grapacity) Grapacity) Grapacity	

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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