P1000000009570

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations
SUBJECT: IV Thirst, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P0000069570
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:
Myles R. Minns
(Name of Person)
(Name of Firm/Company)
2240 Palm Beach Lakes Blvd., Suite 400
(Address)
West Palm Beach, FL 33409
(City/State and Zip Code)
For further information concerning this matter, please call:
Myles R. Minns at (561) 689-4766
Myles R. Minns at (561) 689-4766 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,	Myles R. Minns	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for IV Thirst, Inc.	,
	(Name of Corporation)	
P0000069570		
(Document Number, if known)		
A copy of this resignation was mail	led to the above listed corporation at its last know	wn address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date of	on which
177	Tun van van	
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	
		# ₽.
	(Capacity)	SECRETAR ISION OF C
		0F 1
		CORP
Fee for	filing this document:	<u> </u>

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation