

P15000061014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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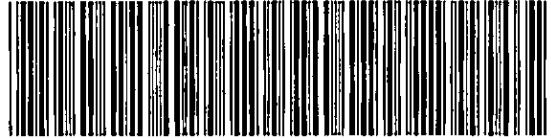
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: Old Coast Ales, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P15000061014

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:**

Jonathan Boisclair  
\_\_\_\_\_  
(Name of Person)

Old Coast Ales, Inc

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(Name of Firm/Company)

300 Anastasia Blvd  
\_\_\_\_\_  
(Address)

St. Augustine/Florida/32080

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(City/State and Zip Code)

**For further information concerning this matter, please call:**

Jonathan Boisclair at (904) 838-6569  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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**

## 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, Matthew Hooker

(Name of Registered Agent)

hereby resigns as Registered Agent for Old Coast Ales, Inc

(Name of Corporation)

P15000061014

(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)

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2021 JUN 28 AM 8:36  
TALLAHASSEE, FL

**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**