P1600006669

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Oity/State/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| APR 2 8 7027 |
| A. LUNT |
| V. FOM! |
| |

Office Use Only



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2022 APR 28 AM 10: 1

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| Lost Brothers Trading Company Incor | porated | |
|--|---------------|--|
| SUBJECT. | (Name of Co | rporation) |
| DOCUMENT NUMBER: P16000066669 | | |
| The enclosed Officer/Director Resignation f | or a Corpora | ation and fee are submitted for filing |
| Please return all correspondence concerning | this matter | to the following: |
| Cody Tapoler | | |
| (Name of Person) | · · | |
| Lost Brothers Trading Company | | |
| (Name of Firm/Company) | | |
| 13546 Darchance Road | | |
| (Address) | | |
| Windermere, FL 34786 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matt | er, please ca | ill: |
| Colton Tapoler | 321 at (| 527-0577 |
| (Name of Person) | (Area | Code & Daytime Telephone Number) |

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Colton Tapoler | Vice President , hereby resign as | Vice President | | | |
|--|---|----------------|-------------------------------|--|--|
| ., | , licitory resign as | (Title) | | | |
| Lost Brothers Trading Company of | Incorporated | | | | |
| | (Name of Corporation) | | • ` | | |
| P16000066669 (Document Number, if known | , a corporation organized under the laws of | the State of | | | |
| Florida | · | | | | |
| | | 2022 APR 28 | BOD 30 NOISIVE 0 ANVI PO P | | |
| (allo | (Signature of resigning officer/director) | AM (0: 17 | F STATE & | | |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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