

P 17000068883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

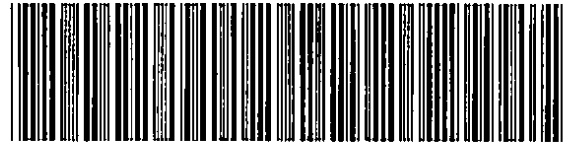
(Business Entity Name)

(Document Number)

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2022 OCT 21 AM 8:28

11/1/2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HONEY LANE DISTILLERY INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD OSTOPOVICH
(Name of Person)

HONEY LANE DISTILLERY INC
(Name of Firm/Company)

5175 INTERNATIONAL AVE
(Address)

MIMS FL 32754
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD OSTOPOVICH at (321) 693 9684
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2022

EDWARD A OSTOPOVICH, III
5175 INTERNATIONAL AVENUE
MIMS, FL 32754

SUBJECT: HONEY LANE DISTILLERY INC.
Ref. Number: P17000068883

We have received your document for HONEY LANE DISTILLERY INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00020992

**OFFICER/ DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANDREW J. KANZEN, hereby resign as VICE PRESIDENT
(Title)

of HONEY LAKE DISTILLERY, INC.
(Name of Corporation)

_____ a corporation organized under the laws of the State of _____
(Document Number, if known)



(Signature of resigning officer/director)

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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