

P17000081388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

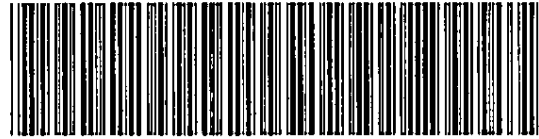
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100385017211

06/10/22--01022--018 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 10 PM 2:41

FILED

[Handwritten signature]

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3 SISTERS RUM, INC.
(Name of Corporation)

DOCUMENT NUMBER: P17000081388

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

Please return all correspondence concerning this matter to the following:

JOHN K KILE
(Name of Person)

3 SISTERS RUM, INC.
(Name of Firm/Company)

843 SPRING MOUNT ROAD
(Address)

SCHWENKSVILLE PA 19423
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN K KILE at (336) 858-0498
(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**

I, NICOLE R KILE, hereby resign as VICE PRESIDENT
(Title)

of B SISTERS RUM, INC.
(Name of Corporation)

P17000081388, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Nicole R Kile
(Signature of resigning officer/director)

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

RECEIVED
TALLAHASSEE, FLORIDA

2022 JUN 10 PM 2:41

FILED