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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : T19990000077

Phone : (407)649-4016

Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION WINNERS DRIVE THRU, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations				
Winners Drive Thru, Inc. SUBJECT:				
(Name of Corporation)				
DOCUMENT NUMBER: P93000005762				
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ted for filing.			
Please return all correspondence concerning this matter to the following:				
Evelyn Rodríguez	20231119 24			
(Name of Person)	2			
Baker & Hostetier, LLP				
(Name of Firm/Company)	<u>ن</u> ن ـــ			
200 S. Orange Avenue, SUITE 2300	E: 52			
(Address)				
Orlando, Florida 32801				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Evelyn Rodriguez 407 649-4071 at ()				
(Name of Person) (Area Code & Daytime Telephone No	umber)			

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, David L. Schiek					
(Name of Registered Agent)					
hereby resigns as Registered Agent for Winners Drive Thru, Inc. (Name of Corporation)					
					P93000005762
(Document Number, if known)					
A copy of this resignation was mailed to the above listed corporation at its last known ad	dress.				
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:	20231115 24				
(Typed or Printed Name)	- Total				
	ċ				
	52				
(Capacity)					

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 muil to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314