

097 000104414

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : BEGGS & LANE
Account Number : 120020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

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

Email Address: KEANE.ROGERS@NOCAPHOLDINGSLLC.COM

**REGISTERED AGENT RESIGNATION
LEE'S LIQUOR MART INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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DIVISION OF STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEE'S LIQUOR MART INC.

(Name of Corporation)

DOCUMENT NUMBER: P97000104414

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:

ROBERT L. JONES, III, ESQ.

(Name of Person)

(Name of Firm/Company)

501 COMMENDENCIA STREET

(Address)

PENSACOLA, FL 32502

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L. JONES, III, ESQ.

at (850) 432-2451

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FL

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**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, ROBERT L. JONES, III

(Name of Registered Agent)

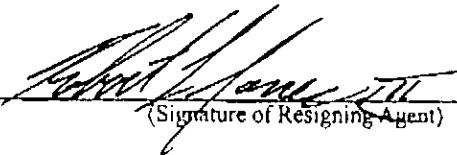
hereby resigns as Registered Agent for LEE'S LIQUOR MART INC.

(Name of Corporation)

P97000104414

(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)**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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