



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CALANDRINO LAW FIRM Account Name

Account Number: I20090000062 Phone

Fax Number

: (407)601-4905 : (407)601-4910

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

Email	Address:	
maig T +	WOOTE 628:	

LLC REGISTERED AGENT RESIGNATION EASTERN PACIFIC HOLDINGS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$85.00

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EXAMINER

TO:

Amendment Section Division of Corporations

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COVER LETTER

SUBJECT:	Eastern Pacific Holdings, LLC Name of Limited Liability Company		
DOCUMENT NUMBER:			
The enclosed Resignation of R for filing.	egistered Agent for a Limited Liability Company and fee are submitt	ed	
Please return all correspondence	e concerning this matter to the following:		
Amy M. Guy Name of	Paralegal Person		
Calandrino La Name of Firm			
301 E. Pine Str	eet, Suite 950		
Orlando, Flo City/State an	rida 32801 I Zip Code		
E-mail address: (to be used for For further information concer	uture annual report notification) uing this matter, please call:		
Amy M. Guy Name of Person	at (407) 601-4905 x 107 Area Code & Daytime Telephone Number		
Enclosed is a check made paya liability company or \$25.00 for limited liability company.	ble to the Florida Department of State for \$85.00 for an active limite an administratively dissolved, voluntarily dissolved or withdrawn	d	

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	ion 608.416(2) or 608.509, Florida Statutes, the unde	ersigned,			
Calandrino	Law Firm, P.A. , hereby resi	igns as			
Name of F	Registered Agent				
Registered Agent for	Eastern Pacific Holdings, LLC			_	
	Name of Limited Liability Company			_,	
L0400005600°					
Document Number, if kn	own				
A copy of this resignation was ma	ailed to the above listed limited liability company at	its last known a	address	1.	
The agency is terminated and the	office discontinued on the 31st day after the date on	which this stat	ement i	is fil e c	ł.
_/-	Signature of Resigning Agent		*		
If signing on behalf of an entity:			AEC	# S	
	Philip K. Calandrino		££	4	- 17
	Typed or Printed Name	* .	SS. SS.	19	ر سيسيا د سيسي
	President/Director		m-≺	_	•
-	Capacity		7	7	
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			22	ហ	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314