## L04000081017

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EXAMINER

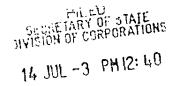
## **COVER LETTER**

e, **TO:** 

CR2E079 (2/14)

TO: Registration Section Division of Corporations	S	
EPB2RS, LLC SUBJECT:	***************************************	
	(Name of Limited Liability	Company)
The enclosed member, resignation	on or dissociation and fo	ee(s) are submitted for filing.
Please return all correspondence	concerning this matter	to:
SHANNON L WIDMAN		
(Contact Per	son)	<del></del>
PORATH & ASSOCIATES, P	<b>'</b> A	
(Firm/Comp	any)	<del></del>
600 GRAND BLVD #201		
(Address)		<del></del>
DESTIN, FL 32550		
(City/State and 2	Cip Code)	
For further information concerns	ing this matter, please ca	all:
SHANNON WIDMAN	850	622-0102
(Name of Contact Perso	on) at (at (	ode & Daytime Telephone Number)
Enclosed please find a check ma \$25 Filing Fee		la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

EPE	e limited liability company as 32RS, LLC	s it appears on the records of the Florida Department
2. The Florida doc L0400008101	7	ssigned to this limited liability company is:
2 The data this ma	1 - /	6/12/14
RACHEL V.	_	signed or will withdraw/resign is:
4. I.	WORGAN	, hereby withdraw/resign as a
(Print N MANAGING	Name of Person Resigning)	
	(Print Title)	
of this limited lia resignation in w		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	· · · · · · · · · · · · · · · · · · ·	