(Requestor's Name)	
(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Dusiness Littly Name)	
(Document Number)	-
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only



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S. WARREN JAN 05 2018

JCHPA REGISTERED AGENTS, INC.

1580 Sawgrass Corporate Parkway

Suite 130

Sunrise, Florida 33323

Telephone:

(954) 315-4580

Fax:

(954) 337-0402

E-mail: john.hamlin@flacorplaw.com

January 3, 2018

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

Re: Filing of Resignations of Registered Agent

Dear Sir/Madam:

Please find enclosed fifteen resignations of JCHPA Registered Agents Inc. as registered agent for the inactive/dissolved limited liability companies listed on the attached Schedule "A".

Also enclosed is a check in the amount of \$375 for the three filings.

John C Hamlin

Enclosures

Schedule "A"

- 1. Fixell Properties LLC
- Pacific Management Services LLC
 Salvare Holdings LLC
- 4. TDS Brockhaim LLC
- 5. Teacups Boutique Aventura LLC
- 6. Chicago Miami 900 Biscayne LLC7. Menasha Miami 900 Biscayne LLC
- 8. International Food Processing LLC
- Thrane Weighing Systems LLC
 Hahn Air Lines LLC
- 11. KSK Holdings #3104 LLC
- 12. AKA Holdings #1904 LLC 13. Ontologik Group LLC
- 14. LS.U. Services LLC
- 15. E&D Capital LLC

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: E&D Capital LLC		
Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L07000027841	_	
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to th	e following:
John C Hamlin		
Name of Person		
JCHPA Registered Agents, Inc.		
Name of Firm/Company		
1580 Sawgrass Corp. Parkway, Suite 130		
Address		
Sunrise, FL 33323		
City/State and Zip Code		
E-mail address: (to be used for future annual report i	notification)	
For further information concerning this matter, p	please call:	
John C Hamlin Name of Person at	, 954	315-4580
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREE	T ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statu	ites, the undersigned,
JCHPA Registered Agents. Inc.	, hereby resigns as
Name of Registered Agent	orody realigns to
Registered Agent for E&D Capital LLC	
Name of Limited Liability Cor	mpany
L07000027841	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	
If signing on behalf of an entity:	
John C Hamlin	
Typed or Printed N	ame
President	ame from the second sec
Capacity	JAN -4 PM I2: 54
FILING FEES:	F11 1 110
\$ 25.00 Administrati	ed liability company ively dissolved/ voluntarily dissolved/ imited liability company

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