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| (Re | questor's Name) |
|---------------------------|------------------------|
| | |
| (Add | dress) |
| (Ada | dress) |
| (City | y/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bus | siness Entity Name) |
| (Doc | cument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to f | Filing Officer: |
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| | |
| • | Office Use Only |



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06/12/09--01031--002 **25.00



S. HAWKES

JUN ± 5 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Epic Group One, LLC | |
| | Liability Company) |
| The enclosed member, managing member or ma filing. | nnager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | s matter to: |
| Tulga Demir | |
| (Contact Person) | |
| Epic Group One, LLC | |
| (Firm/Company) | |
| 20801 BISCAYNE BLVD, SUITE 40 | 03 |
| (Address) | |
| MIAMI FL 33180 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | please call: |
| Eric Arrington at | 954 547-7755 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the | ne Florida Department of State for: |
| \$25 Filing Fee | \$55 Filing Fee & |
| | Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | nited liability company as it appears on the records of the Flor GROUP ONE, LLC | rida Dep | artment |
|-------------------------------------|---|-----------|-----------|
| 2. This limited liability Florida | y company was organized under the laws of: | TALLANASA | 09 JUN 12 |
| 3. The Florida docume L090000468 | ent/registration number of this limited liability company is: | | M 1: 58 |
| 4. I, E. Adam A., | LLC , hereby resign as a MGRM | | |
| | s of Person Resigning) (Pri | nt Title) | |
| retignation in writin | ity company and affirm the limited liability company has been been been been been been been bee | | d of my |
| Filing Fee: | \$25.00 (Required) | | |

Certified Copy:

\$30.00 (Optional)