

L100000 98558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

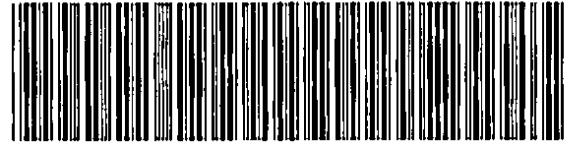
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 24 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eireamhon, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000098558

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald B. VanderSluis

Name of Person

Eireamhon, LLC

Name of Firm/Company

P.O. Box 5272

Address

Sarasota, FL 34277

City/State and Zip Code

slice.srq@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald B. VanderSluis

941

587-6341

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or ~~\$25.00~~ for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for Eireamhon, LLC

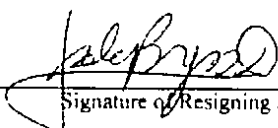
Name of Limited Liability Company

L10000098558

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Isabel Burgos

Typed or Printed Name

Secretary

Capacity

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

2020 MAR -5 PM 3:24

FILED