## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (305)675-2811

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## LLC REGISTERED AGENT RESIGNATION EAST POINT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUN 01 2017

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the	undersigned,	
SUPERBIZ REGISTERED AGENT, INC.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	EAST POINT SERVICES LLC	***************************************	
	Name of Limited Liability Company		
L13000008577			
Document No	umber, if known		
A copy of this resignati	on was mailed to the above listed limited lia	bility company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day	y after the date on which this statement is filed.	
If signing on behalf of a	on entity:	E,	
	TRACY COTTLE	58 <b>4</b>	
	Typed or Printed Name SECRETARY	MAY 3	
	Capacity		
	FILING FEES: \$ 85.00 Active limited liabi \$ 25.00 Administratively di withdrawn limited	lity company ssolved/ voluntarily dissolved/ liability company	

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

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