

L13000014600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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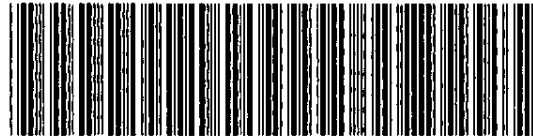
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2013

B. KOHR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Epicurean Food Brokers, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L 13000014600

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:

Ernesto Deluca

Name of Person

Epicurean Food Brokers, LLC

Name of Firm/Company

8192 Boat Hook Loop #406

Address

Windermere, FL 34786

City/State and Zip Code

Ernesto_EFB1@ymail.com

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

For further information concerning this matter, please call:

Ernesto Deluca

Name of Person

at (407) 802-9237

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

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TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Eddie Sessa

Name of Registered Agent

hereby resigns as

Registered Agent for **Epicurean Food Brokers, LLC**

Name of Limited Liability Company

L 13000014600

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:

Eddie Sessa

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA