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| To:   | Division of Corporations                          | HAR I                |   |
|-------|---|----------------------|---|
|       | Fax Number : (850)617-6383                        | 63-1 <b>F</b>        | ï |
| From: | • · · · • • • · · ·                               | T I                  | ę |
|       | Account Name : ARISTA LAW & TAX                   | - >                  |   |
|       | Account Number : I20040000182                     | C S B                |   |
|       | Phone : (305)444-7662                             | 二日 の                 |   |
|       | Fax Number : (305)444-7275                        | ርጋርና <b>ርግ</b><br>ፕሎ |   |
| Enter | the email address for this business entity to be  | used for future      |   |
|       | wal report mailings. Enter only one email address |                      |   |

LLC REGISTERED AGENT RESIGNATION EPIC WEST 4512 LLC

| Certificate of Status | 0       |
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio  | ns of section 605.0115, Florida Statutes, the undersigned,  |
|---------------------------|---|
| Arista Law & Tax          | , hereby resigns as   |
|                           | Name of Registered Agent  |
| Registered Agent for      | PIC WEST 4512 LLC   |
|                           |   |
|                           | Name of Limited Liability Company   |
| L13000132322              |   |
| Document N                | umber, if known   |
|                           | on was mailed to the above listed limited liability company at its last known address.  |
|                           | Signature of Resigning Agent  |
| If signing on behalf of a | in entity:  |
|                           | Eduardo R. Arista   |
|                           | Typed or Printed Name   |
|                           | President   |
|                           | Capacity  |
|                           | FILING FEES:<br>\$ 85.00 Active limited liability company<br>\$ 25.00 Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |
|                           | Make checks payable to Florida Department of State and mail to:<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314                           |

INHS17 (2/14)