(Red	questor's Name)			
(Add	dress)	· · · · · · · · · · · · · · · · · · ·		
(Add	dress)			
(City	//State/Zip/Phone	e#)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



700274718497

07/09/15--01005--002 \*\*85.00

JUL 1 0 2015

Y SULKER

## COVER LETTĘR

Registration Section Division of Corporations

TO:

•
SUBJECT: ERIQUMIC ULC  Name of Limited Liability Company
DOCUMENT NUMBER: 14000055611
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:
Stanley STPN Name of Person
Enlaumic ILC Name of Firm/Company
527 Plymouth Rd SUTTP 412 Address
Phmouth MPPTING, PA. 19462 City/State and Zip Code
515CPA 412 (a) ao L. (OW) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stanly Stan at (610) 256 3447  Name of Person at (610) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  STREET ADDRESS:  Registration Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provisions	of section 605.0115, Florida	Statutes, the undersigned,		
Stanle		, hereby resig	gns as	
N	ame of Registered Agent			
Registered Agent for	ERIGUMIC L	TC		
	Name of Limited Liabili	ity Company	•	
LIYOOO S				
		ed limited liability company at i	its last known address.	
The agency is terminated a	& Frank	on the 31st day after the date on	which this statement is filed.	Ţ.,
If signing on behalf of an	entity:			F i
_	Typed or Pri	nted Name	# £ £	
-	Capacit	ty		

Active limited liability company
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withdrawn limited liability company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