## 114000060431

(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations E.S.P. ACQUISITION, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: EDWARD ROGERS (Contact Person) EDWARD ROGERS ATTONETY AT LAW LLC (Firm/Company) 1401 N.W. 17TH AVE (Address) MIAMI FLORIDA 33125 (City/State and Zip Code) For further information concerning this matter, please call: **EDWARD ROGERS** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for □ \$25 Filing Fee \$\$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is: E.S.P. ACQUISITION, LLC	
The Florida document/registration nur L14000060431	nber assigned to this limited liability company is:
The date this member/manager withdr	ew/resigned or will withdraw/resign is:
EDWARD ROGERS	, hereby withdraw/resign as a
(Print Name of Person Resigning)	, hereby withdraw/resign as a
MANAGER	13 D
(Print Title)	
of this limited liability company and af	firm the limited liability company has been notified of my
resignation in writing.	
11/2	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)