Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name : URS AGENTS ELC

Account Number : I20150000127 Phone : (800)567-4397

Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: everpurefiltration@gmail.com

LLC REGISTERED AGENT RESIGNATION EVER PURE FILTRATION, LLC

RECEIVED

7 AUG 21 PH 2: 02

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ALLAMASSEE: LORIGINA

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K. SALY

AUG 2 2 2017

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: EVER PURE FILTRATION, LLC | | |
| SUBJECT: Name of Limited L | iability Company | |
| DOCUMENT NUMBER: L15000024359 | | |
| The enclosed Resignation of Registered Agent for a l for filing. | Limited Liability Company and fee are submitted | |
| Please return all correspondence concerning this man | ter to the following: | |
| c/o Kanetha Bishop | | |
| Name of Person | | |
| URS Agents, LLC | | |
| Name of Firm/Company | | |
| 3675 Crestwood Pkwy, Ste 350 | | |
| Address | | |
| Duluth, GA 30096 | | |
| City/State and Zip Code | | |
| everpurefiltration@gmail.com | | |
| E-mail address: (to be used for future annual report notifi | cation) | |
| For further information concerning this matter, please | se call: | |
| URS Agents ATTN Kanetha Bishop at (80 | ta Code Daytimo Telephone Number | |
| Name of Person Ar | ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: | STREET ADDRESS: | |
| Registration Section | Registration Section Division of Corporations | |
| Division of Corporations | Cliffon Building | |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Taliahassec, FL 32314

(((H17000222065 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, F | Torida Statutes, the undersigned, |
|---|--|
| URS AGENTS, LLC | , hereby resigns as |
| Name of Registered Agent | |
| Registered Agent for EVER PURE FILTRA | TION, LLC |
| Name of Limited | i Liability Company |
| L16000024359 | |
| Document Number, if known | under |
| A copy of this resignation was mailed to the abo | ove listed limited liability company at its last known address. |
| | gued on the 31st day after the date on which this statement is filed. |
| If signing on behalf of an entity: | 20 |
| Edwardo Saldana | ed or Printed Name |
| ••• | ed or Printed Name |
| Manager | 2 |
| FILING F \$ 85.00 \$ 25.00 | Active limited Hability 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
Talishassee, FL 32314

INHS17 (2/14)