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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

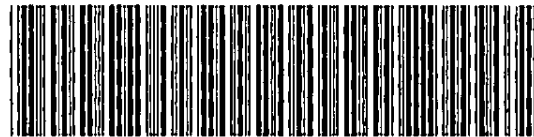
(Business Entity Name)

(Document Number)

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2019 APR -4 PM 6:28
TALLAHASSEE, FL

R. WHITE

APR 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ecuity Edge LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000117635

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:

Robert Stephan

Name of Person

Ecuity Edge LLC

Name of Firm/Company

5932 Paxton Court

Address

Forest City, FL 32703

City/State and Zip Code

tstephan@ecuityedge.com

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

For further information concerning this matter, please call:

Robert Stephan

407

808-2133

at (

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Robert Stephan

, hereby resigns as

Name of Registered Agent

Registered Agent for

Ecuity Edge LLC

Name of Limited Liability Company

L15000117635

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.

Robert J. Stephan 4/1/2019

Signature of Resigning Agent

If signing on behalf of an entity:

Robert Stephan

Typed or Printed Name

AMBR

Capacity

2019 APR -4 PM 6:28

FILED

FILING FEES:

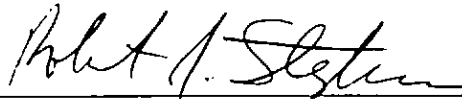
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

WITHDRAWAL, ASSIGNMENT AND RESIGNATION

Pursuant to Section 12 of the Limited Liability Company Operating Agreement of Ecuity Edge LLC, a Florida limited liability company, dated July 8, 2015 (the "Operating Agreement"), I, Robert Stephan, hereby voluntarily withdraw from Ecuity Edge LLC (the "Company") as of the date set forth below (the "Effective Date"). As of the Effective Date, I hereby transfer my entire 50% percent ownership interest in the Company to Teresa Stephan and do not keep any ownership interest in the Company. Pursuant to Section 12 of the Operating Agreement, as of the Effective Date and as a result of my withdrawal as a Member of the Company, I am unequivocally released from any legal or financial liability that is related to the Company. Further, as of the Effective Date, I hereby resign from any and all positions that I hold with the Company, including "Managing Partner," Registered Agent, Manager, officer, employee, agent and/or representative.

DATED as of the 1ST day of April, 2019.


Robert Stephan