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		Account Number Phone Fax Number	: 076424003301 : (813)223-7474 : (813)227-0435		19-50/5/203	
	**Enter th annu	e email address al report mailir	for this business	entity to be us email address	ed for Furure,	7
	Emai.	l Address:	squez@law.stetsor	ı.edu		

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LLC REGISTERED AGENT RESIGNATION EDNAP, LLC

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

Pursuant to the provis	ions of section 605.0115, Florida Statutes, th	e undersigned,		
TK Registered Agent, I	ne.	, hereby resigns as		
·	Name of Registered Agent			
Registered Agent for	EDNAP, LLC			
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·		
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Document	Number, if known			
	ation was mailed to the above listed limited I ated and the office discontinued on the 31st of Signature of Resigning	lay after the date on which this statement is filed.		
If signing on behalf o	() ()	FILLAMASSEE		
	Typed or Printed Name	8 + 1		
	President	A Tri		
	Capacity	9: 12 FL:		

FILING FEES:

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withdrawn limited liability company \$ 25.00

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

INHS17 (2/14)