L15000133298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2017 MAY 15 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 16 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epic International Products LLC
(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:

Russell Coletti
(Contact Person)

Epic International Products LLC
(Firm/Company)

345 Jupiter Drive
(Address)

Satellite Beach, FL, 32937
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Coletti at (702) 850-4833
(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Epic International Products LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000133298

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5-10-2017

4. I, BENJAMIN DAVID STEDDUM, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E079 (2/14)

IN WITNESS WHEREOF, the Party hereto has hereunto set their hand and seal to this Agreement, all on the day and year first above written.

Benjamin David Sherrill

NORTH CAROLINA
MECKLENBURG COUNTY

I certify that **Benjamin David Sherrill** personally appeared before me this day and acknowledged to me that he voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

DATE: 5/10/2017

KYLE BRANCH NOTARY PUBLIC MECKLENBURG COUNTY, NC

Notary Public

Printed Name: Kyle Branch

My Commission Expires: 3/9/2022