

L15000133298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

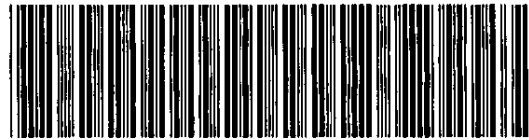
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/15/17--01029--001 \*\*25.00

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)

3415 Jupiter Drive  
(Address)

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

For further information concerning this matter, please call:

Russell Coletti at (702) 250-4833  
(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



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 SHEROILL, hereby withdraw/resign as a  
(Print Name of Person Resigning)

PARTNER  
(Print Title)

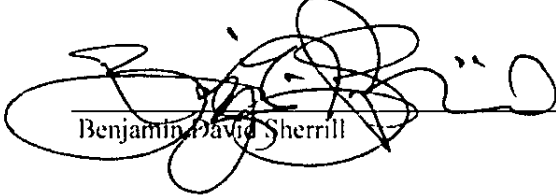
of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE FLORIDA

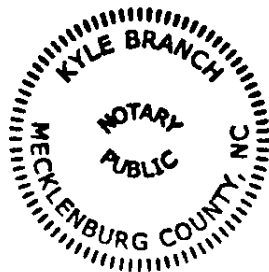
IN WITNESS WHEREOF, the Party hereto has hereunto set their hand and seal to this Agreement, all on the day and year first above written.

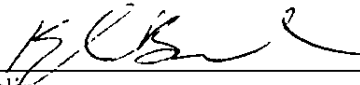
  
Benjamin David Sherrill

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



  
Notary Public

Printed Name: Kyle Branch

My Commission Expires: 3/8/2022