

215000206192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100321420011

12/04/18--01004--012 **800.00

FILED
2018 DEC -4 P 10:08
CLERK OF COURT
CLERK OF COURT

D. SCOTT
DEC 10 2018

TO: Registration Section
Division of Corporations

SUBJECT: Empire Custom Ink, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000206192

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:

Kent Rockwell

Name of Person

Universal Registered Agents, Inc.

Name of Firm/Company

PO Box 23788

Address

Overland Park, KS 66283

City/State and Zip Code

krockwell@uragents.com

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

For further information concerning this matter, please call:

Kent Rockwell

Name of Person

at (

855

Area Code

236-9172

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2011 DEC -4 PM 08

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Universal Registered Agents, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for Empire Custom Ink, LLC _____

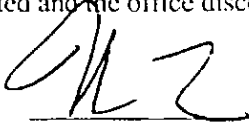
Name of Limited Liability Company

L15000206192 _____

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Kent Rockwell _____

Typed or Printed Name

CEO _____

Capacity

FILED
DEC - 4 P 10:08
2013

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