116000094980

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000336594180

11/04/19--01006--005 ++650.00

64 :CLAT 1- AON 61



NOV -5 2019 M. SOLOMON FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATIONS FOR:

EAM HOLDINGS, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8454 FOR: \$650.00 (\$25.00 for this filing)

THANK YOU!

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	undersigned,	
ATRIUM REGISTERED AGENTS, INC.		, hereby resigns as	
	Name of Registered Agent	,	
Registered Agent for	EAM HOLDINGS, LLC		
	Name of Limited Liability Company		·
L16000094980			
Document 7	Number, if known		
-	tion was mailed to the above listed limited liab	y after the date on which this stateme	
	Signature of Resigning A	gent .	60 60 10 10 10
If signing on behalf of	an entity:		
	RALPH A. NARDI		¥O∀
	Typed or Printed Name		- - 11 -
	VICE PRESIDENT, DIRECTOR		27
	Capacity		###11:32

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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