

L17000014906

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* TO: Registration Section Division of Corporations

SUBJECT: EQ-P LINK AMERICAN L.L.C.	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000014906	
The enclosed Resignation of Registered Agent for a Limited for filing.	t Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Fernando Franco, Esq.	
Name of Person	
Franço Law Firm PA	
Name of Firm/Company	
1001 Brickell Bay Drive, Suite 2700 E-9	
Address	
Miami, FL, 33131	
City/State and Zip Code	
franco@francolawfirmpa.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Fernando Franco, Esq. 786	2915321
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 605.011	5. Florida Statutes, the	e undersigned,	
FRANCO LAW FIRM, P.A. Name of Registered Agent		, hereby resigns as	haraby racione ac	
		Hereby resigns as	Hereby resigns as	
Registered Agent for	EQ-P LINK AMERICA	N L.L.C.		
	Name of Lin	nited Liability Company		1
1.17000014906				
Document l	Number, if known			
A copy of this resignar	tion was mailed to the	above listed limited lia	ibility company at its last kno	own address.
The agency is termina		Signature of Resigning 7	ay after the date on which this	s statement is med
If signing on behalf of	an entity:			, 1~1
3 2 ····	Fernando Franco			
	CEO	Typed or Printed Name		Dasir Sülma Tallılanasəd
		Capacity		X55007 F
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabi Administratively di withdrawn limited	ility company issolved/ voluntarily dissolve liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314