118000043481

(F	Requestor's Name)			
(A	Address)			
(Address)				
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registrati Division	on Section of Corporations		
SUBJECT: EPIP	HANY CHANDLER L.L.C. Name of Limi	ted Liability	Company
DOCUMENT N	UMBER: 1.18000043481		<u> </u>
The enclosed Res for filing.	signation of Registered Agent fo	or a Limited	Liability Company and fee are submitted
Please return all	correspondence concerning this	matter to th	ne following:
(TheIsea Chapman		
	Name of Person		
Legaline	Corporate Services, Inc.		
	Name of Firm/Company		
10601 Cla	rence Drive, Suite 250		
	Address		
Fri	seo, TX 75033		
	City/State and Zip Code		
E-mail address	to be used for future annual report in	otification)	
For further inform	nation concerning this matter, p	lease call:	
Chelsea Chapman	at (8-4-4	386-0178
N	ame of Person	Area Code) Daytime Telephone Number
Enclosed is a che	ck made pavable to the Florida	Departmen:	t 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liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 605.0115, Florida Statutes, the un	idersigned.	
Legaline Corporate Services, Inc. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
1.18000043	481		
Document Numb	per, if known		
	was mailed to the above listed limited liabil	ity company at its last known address. After the date on which this statement is filed.	
The agency is terminated a	Signature of Resigning Agen		
If signing on behalf of an e	entity:	APR CELLAN	
	Chelsea Chapman	ာ ်ခြံ	
_	Typed or Printed Name		
	on Behalf of Legaline Corporate Service	es. Inc.	
_	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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