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TALLAHASSEE FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDORPHOSIS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000174313

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:

Jason D. Slater

Name of Person

Rossway Swan Tierney Barry Lacey & Oliver P.L.

Name of Firm/Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32960-7701

City/State and Zip Code

jslater@rosswayswan.com

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

For further information concerning this matter, please call:

Jason Slater

Name of Person

at (772) 231-4440

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Rossway Swan Tierney Barry Lacey & Oliver P.L., hereby resigns as

Name of Registered Agent

Registered Agent for ENDORPHOSIS, LLC

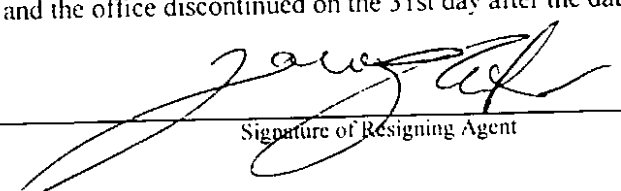
Name of Limited Liability Company

L18000174313

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:

Jason D. Slater

Typed or Printed Name

As Registered Agent

Capacity

FILED
2019 MAR 18 PM 5:53
TALLAHASSEE, FL

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