

L20000228602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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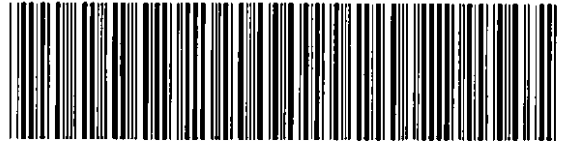
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHILIPP COMPANY LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000228602

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:

Maikel Eskander

\_\_\_\_\_  
Name of Person

Capital Partners Law

\_\_\_\_\_  
Name of Firm/Company

500 E Broward Blvd Ste. 1710

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33394

\_\_\_\_\_  
City/State and Zip Code

inne@cplfirm.com

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

For further information concerning this matter, please call:

Maikel Eskander

\_\_\_\_\_  
Name of Person

at (

954

)  
Area Code

807-3000

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Capital Partners Law PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for PHILIPP COMPANY LLC

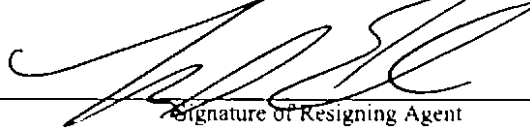
Name of Limited Liability Company

L20000228602

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:

Maikel Eskander

Typed or Printed Name

Principal / Authorized Member

Capacity

FILED  
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SECRETARY OF STATE

## **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