

L21000023481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

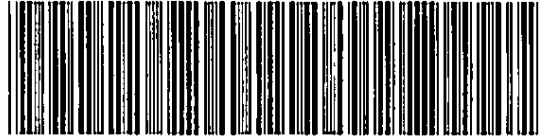
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700373645397

09/29/21--01017--003 **55.00

2021 SEP 29 AM 6:28

O SIMMONS

OCT 06 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPOXY PARADISE LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

FRANK MARKIM

(Contact Person)

EPOXY PARADISE LLC

(Firm/Company)

5804 BOYETTE RD SUITE 7615

(Address)

WESLEY CHAPEL, FL 33545

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK MARKIM

440

225-6789

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



2021 SEP 29 AM 6:28

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

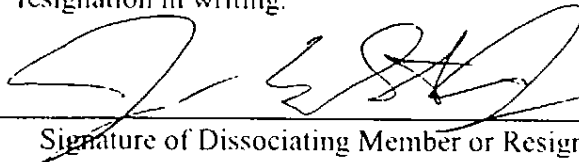
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EPOXY PARADISE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000023981

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2021

4. I, JAMES E STOKES JR, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 9/22/21
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)