121 CCC 481561

(Requestor's Name) (Address)	
(Address)	3003
(City/State/Zip/Phone #)	12/07/
PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



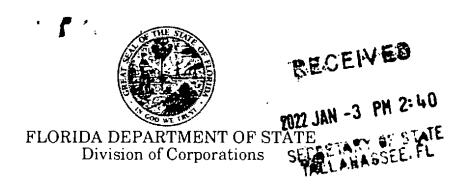
300377459213

12/07/21--01013--002 *+35.00

2022 21 H - 3 PH 1: 35

Y SULKER JAN 05 2022





December 21, 2021

MARK STONE 15901 ARMISTEAD LANE ODESSA, FL 33556

SUBJECT: EPOXY LADY CREATIONS LLC

Ref. Number: L21000481561

We have received your document for EPOXY LADY CREATIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00030833

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Expoy Lacy Cleation (Name of Limited Liability Compare)	as LLC
The enclosed member, resignation or dissociation and fee(s) an	re submitted for filing.
Please return all correspondence concerning this matter to:	
Dait Stone (Contact Person)	
Epocy Lady Cleation LdC	
15901 Amistead da	
Odssa, Fl. 33556 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Dit Store at (813) (Area Code &	503-6003 Daytime Telephone Number)
_	ee & Certified Copy
theck for 335 already	submitted po ktter rect Address: d CDP4
	reet Address: 4 CDP4
	ivision of Corporations attacks
P.O. Box 6327 Th	ne Centre of Tallahassee
	H5 N. Monroe Street, Suite 810 Allahassee, FL 32303



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	итива навину сотрану	z as it appears	on the records	of the Fior	таа глера	irunent
of State is:	pour Ladu	Creaz	EWE	7	292	·
2. The Florida docu	ment/registration numbe) r assigned to t	his limited lial	bility comp	≒: any∓is:	essent a
T9/000	X81561	·		RY CA	3 P	m
3. The date this mer	mber/manager withdrew/	resigned or wi	ill withdraw/re	esign is	<u>, /58</u>	18001
4. 1. Math. (Print No.	une of Person Resigning)	, here	by withdraw/r	esign as a	Ä	
	resident (VP					
of this limited liab resignation in wri	oility company and affirm ting.	n the limited li	ability compa	ny has been	notified	of my
Signature of Dis	ssociating Member or Re	signing Mana	ger			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		chadd chadd	-		· 1. 6.4
			مان بندور	colle	will	MC-