

L23 0000 58673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

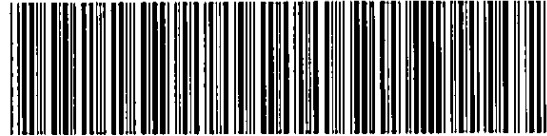
(Business Entity Name)

(Document Number)

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Office Use Only



400419909674

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2023 DEC 20 AM 11:56

TALLAHASSEE, FL

RECEIVED

2023 DEC 20 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2023

CSC
ALEXXIS WEILAND-SORENSEN

SUBJECT: EPISCOPE MIAMI I, LLC
Ref. Number: L23000058673

RESUBMIT
Please give original
submission date as file date.

We have received your document for EPISCOPE MIAMI I, LLC and the authorization to debit your account in the amount of \$85.00. However, the document has not been filed and is being returned for the following:

The document must have the signature of the resigning agent.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 523A00029062

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REGULATORY SERVICES
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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2023 DEC 28 AM 11:12
REGULATORY SERVICES
DIVISION OF CORPORATIONS
STATE OF FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 191460 8323810

AUTHORIZATION : *Episcopi*

COST LIMIT : \$ 87.50

ORDER DATE : December 12, 2023

ORDER TIME : 9:53 AM

ORDER NO. : 191460-020

CUSTOMER NO: 8323810

CHANGE OF AGENT

EPISCOPE MIAMI I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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2023 DEC 20 AM 11:56
Tallahassee, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Episcope Miami I, LLC

Name of Limited Liability Company

L23000058673

--- 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.

Alexis Weiland-Sorenson, AYP

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXIS WEILAND-SORENSEN

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

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2023 DEC 20 AM 11:56
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