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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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HILEU 12 DEC 17 PM 2: 45 MILANASSEE FLORIDA

B. BOSTICK
DEC 18 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EDPAT Inve	stments LL	C	
	of Foreign Limited Lial	oility Company)	·
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are st	bmitted for filing.		
Please return all correspondence concerni	ng this matter to the follo	owing:	
Donna Shaw			
(Name of Person))		
Pacific Ocean Park	Pty Ltd		
(Firm/Company			
PO Box 724		है. क्	S
(Address)			12 DI
Mount Eliza, Victoria	3930 Austra	ılia	DEC 17
(City/State and Z	(ip Code)		177.* phot s
For further information concerning this m	atter, please call:		U PM 2: 45 1 1 1 1
Donna Shaw	_{at (} 310	584-7219 _{i.} .	5
(Name of Person)	· · · · · · · · · · · · · · · · · · ·	ode & Daytime Telephone Number)	l
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301]] [MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the following an	ount:		
□ \$25 Filing Fee Certificate of S			દ

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

EDPAT Investments LLC
(Name of limited liability company)
Ohio
(Jurisdiction of its organization)
M1000005759
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
4281 Express Lane Suite L2155
(Mailing address)
Sarasota, FL 34238
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
£. P
(Signature of member or authorized representative of a member)
Edward M. Borg
(Typed or printed name of signee)
(Typed or printed name of signee)
न्य होता है

Filing Fee: \$25.00

94000000128

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/17/12--01038--031 **85.00

B. BOSTICK DEC 1'8 2012 **EXAMINER**

COVER LETTER

SUBJECT: RAMCO OF FORT LAUDER Name of Limited Liability Co.	DALE, LC
DOCUMENT NUMBER: L94000000	0128
The enclosed Resignation of Registered Agent for a Limited Li for filing.	ability Company and fee are submitted
Please return all correspondence concerning this matter to the f	ollowing:
CHRISTOPHER J. EMA Name of Person	
MACLEAN AND EMA Name of Firm/Company	20
2600 NE 14 STREET Address	PILED 12 DEC 17 PM 2 IMPLAHASSEE FE
POMPANO BEACH, FL 33062 City/State and Zip Code	7 PH 2:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	2: 39
CHRISTOPHER J. EMA at (954) Name of Person Area Code & I	785-1900 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:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2	2) or 608.509, Florida St	atutes, the undersigned,		
F	RONALD D. GINTN	ER	, hereby resigns as		
	Name of Registered Agen				
Registered Agent for	RAN	ICO OF FORT LAU	DERDALE, LC		_
·····	Name of Limi	ted Liability Company			_,
	0000128				
Document N	umber, if known				
A copy of this resignati	on was mailed to the ab	ove listed limited liabili	ty company at its last kr	nown address.	,
The agency is terminate	<u>M (</u>	tinued on the 31st day at		12 14	s filed.
	Ту	ped or Printed Name		DEC 17	
		Capacity	The state of the s	PM 2: 39	
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lial	company olved/voluntarily dissol	lved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314