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SECRETARY OF STATE

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271 17th Street, NW | Suite 1900 Atlanta, Georgia 30363 Tel 404-888-3800 | Fax 404-888-3863

Writer's Direct Contact:

BARBARA F. XHAJANKA
404-888-3963
bxhajanka@fordharrison.com

September 28, 2015

Registration Section Division of Corporations Florida Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re: EpoRep, LLC - Notice of Withdrawal Application

To the Division of Corporations:

Enclosed please find a notice of withdrawal application by a foreign limited liability company for EpoRep, LLC. Also enclosed is a cover letter and a check for the filing fee and certificate of status. Please let me know if additional information is needed.

Sincerely,

BARBARA F. XHAJANKA

Paralegal

Ford & Harrison LLP

**Enclosures** 

3	C	OVER LETTER	
TO: Registration Division of	n Section f Corporations		
SUBJECT: Epol	Rep LLC (Name of Fo	reign Limited Liability (	^omnany)
	(Number 1)	Torgii Ziimtoa Ziaomiy e	<i></i>
Dear Sir or Madam			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following:	:
<b>5</b> 1 2/1 1			
Barbara Xhaja	(Name of Person)		
Ford & Harriso	n LLP (Firm/Company)		
	(Time company)		
271 17th St.,N	W, Suite 1900		
	(Address)		
Atlanta, GA 30			
	(City/State and Zip Coo	le)	
		alanca coll:	
For further informat	ion concerning this matter, p	nease can.	
Barbara Xhaja	nka	at ( 404	) 888-3963
Barbara Xhaja		at ( 404	) 888-3963 Daytime Telephone Number
Barbara Xhaja (N STREET/	nka lame of Person)	at ( <u>404</u> (Area Code & <b>MAIL</b>	Daytime Telephone Number
Barbara Xhaja (N STREET/ Registration Division of	nka lame of Person)  COURIER ADDRESS: n Section Corporations	at ( 404 (Area Code & MAIL Registr Divisio	Daytime Telephone Number JNG ADDRESS: ration Section on of Corporations
Barbara Xhaja (N STREET/ Registratio Division o Clifton Bu 2661 Exec	nka lame of Person)  COURIER ADDRESS: n Section Corporations	at ( 404 (Area Code & MAIL Regist Divisio P.O. B	Daytime Telephone Number  JNG ADDRESS: ration Section
STREET/ Registration Division of Clifton Bu 2661 Exect Tallahasses	nka lame of Person)  COURIER ADDRESS:  n Section Corporations ilding utive Center Circle	at ( 404 (Area Code & MAIL Registr Division P.O. B	Daytime Telephone Number LING ADDRESS: ration Section on of Corporations sec 6327

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EpoRep LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
10/20/2014	
(Date registered with Florida Department of State)	
M1400007660	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Six of outlained annual in)	
(Signature of authorized representative)	
J. Mark Gilmore	
(Typed or printed name of signee)	

Filing Fee: \$25.00

SECRETARY OF STATE