M15000007528

(Re	equestor's Name)	*		
(Address)				
(Address)				
, ···	, ,			
(Cit	ty/State/Zip/Phone	e #)		
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D. SCOTT JAN 1 8 2017

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: EAGLE RUN ENTERPRISES, LLC Name of Limited Liability	Company
DOC	UMENT NUMBER: M15000007528	Company
The enfor fil	nclosed Resignation of Registered Agent for a Limiteding.	Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	ne following:
Emily	Smith	
	Name of Person	
Para	corp Incorporated	
	Name of Firm/Company	
PO B	Box 160568	
	Address	
Sacra	amento, CA 95816	
	City/State and Zip Code	
E	-mail address: (to be used for future annual report notification)	ゴル ゴ
For fu	rther information concerning this matter, please call:	A TOP
Shar	on Cooke 800	533-7272
	Name of Person Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the Florida Departmen ty company or \$25.00 for an administratively dissolve ty company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115,	, Florida Statutes, the under	rsigned,	
Paracorp Incorporated			, hereby resigns as	
	Name of Registered Agent		, ,	
Registered Agent for E/	AGLE RUN ENTE	RPRISES, LLC		
	Name of Limit	ed Liability Company		
M15000007528				
Document Nu	mber, if known			
A copy of this resignation	n was mailed to the ab	ove listed limited liability	company at its last known address.	
The agency is terminated	i and the office discon	tinued on the 31st day after	r the date on which this statement is filed.	
	_Strong	Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	Sharon Cooke		= 22 =	
	Туј	ped or Printed Name		
	Assistant Secreta	ary, Paracorp Incorpor	ated	
		Capacity		
			ated Signal P	
	FILI <u>ng</u> F	7FFS.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved/ ity company	

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