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	To:	Division of Corporations Fax Number : (850)617-6383			
	From:	Account Name : TRENAM, KEMKER	, SCHARF, B.	ARKIN, FRYE,	O'NEILL & MU
		Account Number : 076424003301 Phone : (813)223-7474 Fax Number : (813)227-0435	91/TSG		
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.011	5, Florida Statutes, the u	ndersigned.			
TK Registered A	, hereby res	hereby resigns as				
	Name of Registered Age		•			
Registered Agent for	Euro Pie Holdings,	LLC				<del></del>
	Name of Lin	nited Liability Company	<u> </u>		<del></del>	··············)
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A copy of this resign	ation was mailed to the	above listed fimited liabi	lity company at	its last k	mown 3	address.
The agency is termin	ated and the office disco	Ontinued on the 3 lst day a		ı which t	his stat	ement is filed.
If signing on behalf o	of an entity:			ĭ.x	28	
	Don B. Weinbre	n			<b>क</b> ं ≫	
,	Attorney	Typed or Printed Name		HASSE	2016 AUG 19	
	FILING \$ 85.00 \$ 25.00	Capacity  FEES: Active limited liabilit Administratively diss withdrawn limited lia	olved/voluntar	E. FLORIDA disso	A 10: 38	

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

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