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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : {702)865-2500 Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: WEARY, HEFELY @INCORP. COM

LLC REGISTERED AGENT RESIGNATION EGOTIA, LLC

Certificate of Status	0
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Page Count	03
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D SCOTT

MAY 16 2019

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EGOTIA, LLC		
Name of Limited Liabi	lity Company	
DOCUMENT NUMBER: M17000001596		
The enclosed Resignation of Registered Agent for a Lim for filing.		
Please return all correspondence concerning this matter t	o the following:	
Wendy Hefley	第一面	
Name of Person		
Incorp Services, Inc.		
Name of Firm/Company	<u> </u>	
3773 Howard Hughes Parkway, Suite 500S		
Address		
Las Vegas, NV 89169-6014		
City/State and Zip Code		
processing@incorp.com		
E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, please ca	II:	
Incorp Services, Inc./Wendy Hefley 702	866-2500 ext 6904 Ode Daytime Telephone Number	
Name of Person Area Co	ode Daytime Telephone Number	
Enclosed is a check made payable to the Florida Departn liability company or \$25.00 for an administratively disso liability company.	nent of State for \$85.00 for an active limited lived, voluntarily dissolved or withdrawn limited	
	REET ADDRESS:	
	Registration Section	
ivision of Corporations Division of Corporations		
O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		
1 311	ahassee, FL 32301	

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Incorp Services, Inc.		_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	EGOTIA, LLC		
	Name of Limited Liability Company		
M17000001596		TANK T	
Document N	lumber, if known		
	ion was mailed to the above listed limited liabili		
The agency is terminat	ed and the office discontinued on the 31st day at	fter the date on which this statement is fil	
	Signature of Resigning Agen	S. 69	
If signing on behalf of	an entity:		
	Wendy Hefley for Incorp Services, In-	C.	
	Typed or Printed Nume		
	Authorized Representative		
	Capacity		

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

Active limited liability company
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