

M18000002893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

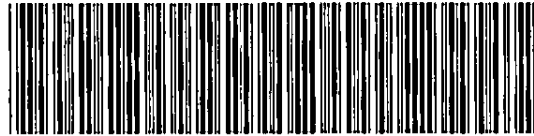
Special Instructions to Filing Officer:

Wrong form

AL

9-27-18

Office Use Only



800317082358

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 SEP 27 AM 8:52

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EBP ENTERPRISES LLC.
(Name of Corporation)

DOCUMENT NUMBER: M18000002893

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

MARK T. PACHECO
(Name of Person)
EBP ENTERPRISES LLC
(Firm/Company)
P.O. BOX 1461
(Address)
VERNON CT. 06066
(City/State and Zip code)

FILED
18 SEP 27 AM 8:32
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARK T. PACHECO at (860) 558-2356
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2018

MARK T. PACHECO
P.O. BOX 1461
VERNON, CT 06066

SUBJECT: EBP ENTERPRISES LLC
Ref. Number: M18000002893

We have received your document for EBP ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 018A00017903

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EBP ENTERPRISES LLC.
(Name of Foreign Limited Liability Company)

FILED
18 SEP 27 AM 8:32

DEPT. OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK T. PACHECO
(Name of Person)

EBP ENTERPRISES LLC.
(Firm/Company)

P.O. BOX 1461
(Address)

VERNON, CT. 06066
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK T. PACHECO at (860) 558-7356
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED

18 SEP 27 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EBP ENTERPRISES LLC.
(Name of limited liability company)

CONNECTICUT
(Jurisdiction of its organization)

3/26/2018
(Date registered with Florida Department of State)

M18000002893
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Mark T. Pacheco
(Signature of authorized representative)

MARK T. PACHECO
(Typed or printed name of signee)