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Special Instructions to	o Filing Officer:	
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<u> </u>	Office Use	Only



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SECRETARY OF STATE

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florid	a Statutes, the undersigned,	
C T CORPORATION SYSTEM , hereby		, hereby resigns as	
	(Name of Registered Agent)		
Registered Agent for	EPIC RESORTS MARKETING, LLC	(DE. DOM.)	
	(Name of Limited Liability Company)		,
M9	28000001324		
(Document No	umber, if known)		
	ation was mailed to the above listed limited list ted and the office discontinued on the 31st discontinued and the office discontinued on the 31st	ay after the date on which this stateme	
	(Signature of Resigning Agent)) 	_
If signing on behalf of	f an entity:	マング	6
	C T CORPORATION SYSTEM - Then	esa Alfieri 🔭 🔭	E
	(Typed or Printed Name) ASSISTANT SECRETAR	ASSET	± 1
	(Capacity)	P. STATE	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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