P0300018444

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filina Officer	
Operator income and income	, milg Ciller.	

Office Use Only



700062307947

12/22/05--01015--022 \*\*35.00

OS DEC 22 AM 8: 52

of PI

## **COVER LETTER**

10:	Amendment Section Division of Corporations
SUBJ	ECT: EPPS OF BLOUNT, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P03000018444
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ira L	Kahn, Esq.
	(Name of Person)
IRA	L. KAHN ATTORNEY AT LAW
	(Name of Firm/Company)
251	4 HOLLYWOOD BLVD., STE. 300
	(Address)
Holl	ywood, FLORIDA 33020
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
lra L	Kahn, Esq. at ( 954 ) 925-8222
	Kahn, Esq. at ( 954 ) 925-8222  (Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$35	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved voluntarily dissolved or withdrawn corporation.
Amer Divisi Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Ira L. Kahn, Esq.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for EPPS OF BLOUNT, INC.	
(Name of Corporation)	
P03000018444	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
HAS C2	
(biginate of Resigning Agent)	emend.
If signing on behalf of an entity:	Ü
(Typed or Printed Name)	
(-)[	
(Capacity)	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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