# P9700068327

(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:	
J. HOPA	
JUL 24 200	E
Special Instructions to Filing Officer:  J. HORA JUL 24 202	7





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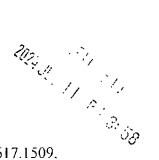
TO: Amendment Section Division of Corporations
SUBJECT: EP5, INC.  (Name of Corporation)
DOCUMENT NUMBER: P97000068327
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAIDA GALAN
(Name of Person)
PARACORP INCORPORATED
(Name of Firm/Company)
PO BOX 160568
(Address)
SACRAMENTO CA 95833
(City/State and Zip Code)
For further information concerning this matter, please call:
SAIDA GALAN  (Name of Person)  (Name of Person)  at (800 ) 533.7272  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509.		
•	PARACORP INCORPORATED		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for EP5, INC.			
	(Name of Corporation)		
P97000068327			
(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.

(Signature of Resigning Agent)

If signing on behalf of an entity:

## ABIGALE PETERSON

(Typed or Printed Name)

ASST. SECRETARY FOR PARACORP INCORPORATED

(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