## P9900048315

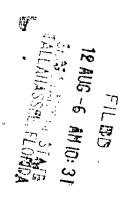
(Requ	estor's Name)		
(Addre	ess)		
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(City/s	State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Fil	ing Officer;		
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Office Use Only



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AUG = 9 2012

C. MUSTAIN



## **COVER LETTER**

EDI Southbridge	Inc
SUBJECT: EPI Southbridge,	(Name of Corporation)
DOCUMENT NUMBER: P	9900048315
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Katherine A. Christy	
(Name of F	Person)
(Name of Firm	/Company)
300 International Parkway, S	Suite 300
(Addre	ss)
Heathrow, FL 32746	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Katherine A. Christy	at ( 407 ) 333-1604 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade payable to the Florida Department of State.
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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as Director		
	(Title)		
of EPI Southbridge, Inc.	<u> </u>	9. 	
(Name	e of Corporation)	D. C.	
P99000048315 (Document Number, if known)	, a corporation organized under the laws of the Sta	- 625 bit - 1 TT	
Florida	<u></u> .		
	(Signature of resigning officer/directors)	AM IO: 3.1	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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