130900000000

(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:

Office Use Only



800263410838

10/02/14--01039--016 **87.50

SUPERING CORPORATIONS
BUVISION OF CORPORATIONS

OCT 15 THE RAIS

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ECON CREDIT LP			
Name of Limited Partnership or Lim	ited Liability Limited Partnership		
DOCUMENT NUMBER: B0900000070	·		
The enclosed Resignation of Registered Agent and	fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	itter to:		
Rhonda Peirce			
Contact Person			
Capitol Services Registered Agent Dep	<u>artmen</u> t		
800 Brazos, Suite 400			
Address Austin, Texas 78701 City, State and Zip Code			
E-mail address: (to be used for future annual report notif	fication)		
For further information concerning this matter, plea	se call:		
	800) 345-4647		
Name of Contact Person Are	ea Code and Daytime Telephone Number		
Enclosed is a check made payable to the Florida De	partment of State for:		
\$87.50 Filing Fee \$140.00 (\$87.50 Fili	ng Fee and \$52.50 Certified Copy Fee)		
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

Return acknowledgment to:

Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647

RESIGNATION OF REGISTERED AGENT **FOR** LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provision	as of section 620.1116, Florida Statutes, the undersigned,	
Capitol	Corporate Services, Inc. hereby resigns a	s
	me of Registered Agent	~
Registered Agent for	ECON CREDIT LP Name of Limited Partnership or Limited Liability Limited Partnership	
B09000		
Florida Document Nu	imber, if known	
The agent is terminated the Florida Departmen	d on the 31 st day after the date on which this statement is filed to of State. Ignature of Registered Agent	l by
If signing on behalf of	an entity:	
	Jason Fischer	
	Typed or Printed Name	
	Assistant Secretary	-
	Capacity	14 OCT 14

Filing Fee: \$87.50 Certified Copy (optional): \$52.50

\$87.50

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,		
Capitol Corporate Services, Inc. , hereby resigns as		
Name of Registered Agent		
Registered Agent for ECON CREDIT LP Name of Limited Partnership or Limited Liability Limited Partnership	,	
B0900000070 Florida Document Number, if known		
Florida Document Number, il known		
The agent is terminated on the 31 st day after the date on which this statement is filed by the Florida Department of State. Signature of Registered Agent		
Agnature of Registered Agent		
f signing on behalf of an entity:		
Jason Fischer		
Typed or Printed Name		
Assistant Secretary		TE
Capacity	0.4	٠ <u>٠</u>
	14 OCT 11,	27 A 10 LD 14 VI
	****	7
	4.	;

Filing Fee: \$87.50 Certified Copy (optional): \$52.50