121000377189

(Requ	estor's Name)			
(Address)				
(Addr	ess)			
(City/S	State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	ECCO CAPITAL, LLC Name of Limited Liability Company T NUMBER: L21000377189	
	d Resignation of Registered Agent for a Limited Liability Company and fee are submit	ted
Please return	all correspondence concerning this matter to the following:	
MANPREE		
	Name of Person	
PARACOR	PINCORPORATED	
	Name of Firm/Company	
PO BOX 16	80568	
	Address	
Sacrament	o, CA 95833	
	City/State and Zip Code	
E-mail ad	dress: (to be used for future annual report notification)	
For further in	nformation concerning this matter, please call:	
MANPREE	T KAUR at (800) 533-7272 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a liability compliability compliant.	check made payable to the Florida Department of State for \$85.00 for an active limite pany or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn li pany.	ed imi te d

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT7: 25 FOR A LIMITED LIABILITY COMPANY

BANG AJ YXATBULLU. DEGLE PREZNAKLUK

Pursuant to the provision	ons of section 605.0115. F	Florida Statutes, the unde	rsigned.
PARACORP INCO	RPORATED		, hereby resigns as
Name of Registered Agent		, hereby resigns as	
Registered Agent for E	ECCO CAPITAL, LLC	,	
	Name of Limited	Liability Company	
L21000377189			
Document N	umber, if known	_	
			company at its last known address. The date on which this statement is filed.
		gnature of Resigning Agent	
If signing on behalf of a	an entity:		
	ABIGALE PETERS	ON	
	Typed	or Printed Name	
	Asst. Secretary		
		lapacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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