# L07000054283

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OF LORIDA

J. BRYAN

NOV -4 2010

**EXAMINER** 

## **COVER LETTER**

SUBJECT: Ecolavation Holding Co. Name of Limited Liability Con				
DOCUMENT NUMBER: <u>L07000054283</u>				
The enclosed Resignation of Registered Agent for a Limited Lia for filing.	ability Company and fee are submitted			
Please return all correspondence concerning this matter to the following:				
Bernard Gitlow Name of Person				
Ecolavation Holding Co. LLC  Name of Firm/Company				
1451 South Miami Avenue, Ste. E	TALLE ON THE			

E-mail address: (to be used for future annual report notification)

Address

Miami, Fl 33130 City/State and Zip Code

Amendment Section
Division of Corporations

For further information concerning this matter, please call:

Bernard Gitlow at (917) 710-2398
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### **MAILING ADDRESS:**

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

### **STREET ADDRESS:**

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,				
John Arra	istia, Jr. P.A.	, hereby res	igns as	
	egistered Agent			
Registered Agent for	Ecolavation Holding Co. LLC			
	Name of Limited Liability Con	mpany		
L07000054283				
Document Number, if know	wn			
A copy of this resignation was ma				
The agency is terminated and the	office discontinued on the	31st day after the date on	which this statement is filed.	
If signing on behalf of an entity:	Signature of Re	signing Agent	10 NOV	
	Typed or Printed N	lame	SSE W	
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	Capacity		ORUTALIE ORUTALIE	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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