

M1700000 5951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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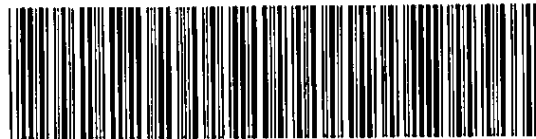
(Business Entity Name)

(Document Number)

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Ra Resignation

AUG 10 2019

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**CAPITOL
SERVICES**

**Resignation of Registered Agent for a
Foreign Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: (800) 345-4647 Fax: (800) 432-3622
regagent@capitol-services.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: 7/31/2019
STATE: FLORIDA
REP UNIT: ETC GREENBOX, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 30811 in the amount of 85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc
PO Box 1831
Austin, TX 78767

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Capitol Corporate Services, Inc.
Registered Agent Services



24-105500A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

ETC GREENBOX, LLC

Ambreon, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M17000005951

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attn: ROA Team

Name of Person

Capitol Corporate Services, Inc.

Name of Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

regagent@capitol-services.com

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

For further information concerning this matter, please call:

Agent Resignation Filings Team

Name of Person

at (800)

Area Code

345-4647

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:

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

INHS17 (2/14)

*Name Change filed
06/07/2018*

FILED
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DIVISION OF CORPORATIONS
19 AUG -6 PM 2:38

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for

ETC GREENBOX, LLC

Ambrean, LLC

Name of the Limited Liability Company

M17000005951

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

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

INHS17 (2/14)

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DIVISION OF CORPORATIONS
19 AUG -6 PM 2:30

Return acknowledgment to: SW



Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767