M16000004248

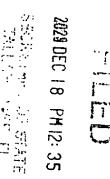
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2020

ERIC LITTLE 2408 HARTSFIELD RD TALLAHASSEE, FL 32303

SUBJECT: ECL CONSULTING, LLC

Ref. Number: M16000004248

We have received your document for ECL CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00024506

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	ECL Consul (Name of For	fing, LLC eign Whited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
	Eric C. Lit. (Name of Person)	He	_
	(Firm/Company)		_
	2 Keating 76 (Address) Othan AL (City/State and Zip Cod		-
For further informati	on concerning this matter, p	lease call:	
Eric	C. Little ame of Person)	at (<u> </u>) 692 - 1618 E Daytime Telephone Number)
Division o P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

- ILED

2920 DEC 18 PH 12: 35

NICH STATE THE FORESTE FE NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)
(Name of limited liability company)
Tallahassee FL (Jurisdiction of its organization)
(variation of the digampation)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
<i>M 16 0006 0 42 48</i> (Florida Document Number)
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Effective Date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or
more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements.
this date will not be listed as the document's effective date on the Department of State's records.
1 A D'III
Zi C. Full
(Signature of authorized representative)
(Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00