A08000000035

(Requestor's Name)						
(Address)						
(Address)						
(133.513)						
(City/State/Zip/Phone #)						
(City/State/Zip/Fittine #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
,						
Certified Copies Certificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400320126724

10/29/18--01001--012 **52.50



111-21-0



November 13, 2018

ANDREW ATKINS 1111 KANE CONCOURSE SUITE 619 BAY HARBOR ISLANDS, FL 33154

SUBJECT: E. C. D. SERV., L.P. Ref. Number: A08000000035

We have received your document for E. C. D. SERV., L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00023301

COVER LETTER

TO:	Registration Section Division of Corporations	;				
SUB.	JECT: E.C.D. Serv., L.	-				
	(Name of Florida Limite	d Partnersl	hip or Limited Liability	Limited Partnership	p)	
DOC	UMENT NUMBER: A08	300000	0035	. <u></u>		
The e	enclosed Statement of Disso	ciation a	nd fee(s) are submit	ted for filing.		
Please	e return all correspondence	concerni	ng this matter to:			
Andı	rew Atkins					
	(Contact Pe	erson)				
She	vlin & Atkins					
	(Firm/Com	pany)				
1111	1 Kane Concourse, S	uite 61	9			
(Address)					2,13	
Ray	Harbor Islands, FL 33				7.5	
Day					- 25	سو. ه
	(City, State and	Zip Code)			5"	
T A	41 12 12				` - ,	<i>'</i>
For further information concerning this matter, please call:					لب. سر	
Andr	ew Atkins		at (305)	868-0304		
	(Name of Contact Person)			d Daytime Telepho	ne Number)	
V	\$52.50 Filing Fee		\$105.00 Filing F	ee and Certified	Сору.	
STRE	ET ADDRESS:		MAILIN	G ADDRESS:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
	Executive Center Circle assee, FL 32301		Tallahass	ee, FL 32314		
CR2E1	18 (01/06)					

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

E.C.D. Serv., L.P.,

2. The name of the dissociating general partner is:

Patricia M. Bobadilla

Signature of Dissociating General Partner

Filing Fee:

\$52.50

Certified Copy (optional): \$52.50