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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : HODGSON RUSS LLP  
Account Number : 072720000242  
Phone : (716) 848-1371  
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REGISTERED AGENT RESIGNATION

ECLECTIC MARKETING SOLUTIONS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Help

H09000177543 3

**RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416(2) or 608.509, Florida Statutes,


the undersigned, HRAWG CORP., hereby resigns as Registered Agent for  
(Name of Registered Agent)

ECLECTIC MARKETING SOLUTIONS LLC  
(Name of Limited Liability Company)

L04000057077  
(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 31<sup>st</sup> day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

David M. Stark  
(Typed or Printed Name)

Vice President  
(Capacity)

**Fee for filing this document:**

**\$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withdrawn limited liability company**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

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