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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	9 #)
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

SUMM

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EC MULTISERVICES L (Name of L		lity Company)	<u></u>
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	office Change	e and fee(s) are submitted f	or filing.
Please return all correspondence concerning	this matter to	the following:	
ERICA CASTRO		_	
(Name of Person)			
EC MULTISERVICES LLC (Firm/Company)			
13161 OULTON CIRCLE		_	2001 APR 30 SECRETARY
(Address)			PR 3
ORLANDO FL 32832			
(City/State and Zip Code)		and the second	AM II: 31 OF STATE
For further information concerning this matter	er, please cal	l:	> -
ERICA CASTRO	at (321	284-7556	
(Name of Person)		(Area Code & Daytime Te	lephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is a check for the followin	g amount:		
 ✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ne limited liability company as it C MULTISERVICES		of the Florida Depar	rtment
2. This limited lia	ability company was organized u	nder the laws of:	SECH TALL <i>F</i>	2007 A
3. The Florida do L050000	cument/registration number of th	nis limited liability comp	pany is: VETARY OF AHASSEE.F	2001 APR 30 AH II:
· /	N. ALZATE	, hereby resign as a _	MANAGER	<u> </u>
·	Name of Person Resigning)		(Print Title) 🗔	
resignation in w	rability company and affirm the I	imited Hability company	y nas been notified (от ту
Signature of Re	signing Member, Managing Mer	nber or Manager		
Filing Fee:	\$25.00 (Required)	,		

Certified Copy:

\$30.00 (Optional)