Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PISSO

Account Number: 120070000020 Phone : (813) 435-3176 Fax Number

: (813)333-6358

Er|ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION THE ECLECTIC BIN, LLC

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	the provisions of section 605.0115, Florida Statutes, the undersigned,		
THE L	W OFFICES OF NICK SPRADLIN, PLLC, hereby resigns a	ıs	
	Name of Registered Agent	-	
Registered	Agent for THE ECLECTIC BIN, LLC		
	Name of Limited Liability Company		
L0800	0094507	2111 Jan	
	Document Number, if known	至。 运	model.
	this resignation was mailed to the above listed limited liability company at its la	st known address.	artist (** me.
The agenc	is terminated and the office discontinued on the 31st day after the date on which	h this statement is	filed.
	74~		e patrice sour i ju Pari i julio di Pari i julio di
	Signature of Resigning Agent	330	
If signing	on behalf of an entity:		
	NICKOLAS J. SPRADLIN		
	Typed or Printed Name	•	
	CEO		
	Capacity		

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314