# L11000141348

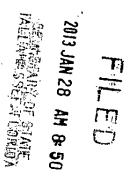
(Re	equestor's Name)	
. <b>(A</b> d	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bı	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300244072613





J. SAULSBERRY EXAMINER

JAN 30 2013

# COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	EcOre (						
•	Name of Limit	ted Liabili	ty Compan	ıy			
DOCUMENT NUMBER:		L11000	141348	3	<u>.</u>		
The enclosed Resignation of Reg for filing.	istered Agent fo	or a Limit	ed Liabili	ty Company an	d fee are s	submitt	ted
Please return all correspondence	concerning this	matter to	the follow	ving:			
Alberto No	unez						
Name of Pe	erson		_				
EcOre Grou	p, LLC						
Name of Firm/0	Company	· · · · · · · · · · · · · · · · · · ·	<del>~~~</del>		Z.	201	
1820 N. Corporate Lake		103	*****			2013 JAN 28	7
Address	3					28	
Weston, FL	33326				- (a)	$\geq$	
City/State and Z	Zip Code		<del></del>			<b>ය</b> තී	
alberto.nunez@ed	coregroup.net				₩ W	6	
E-mail address: (to be used for fur	ture annual report n	otification					
For further information concerning	ng this matter, p	lease call	:				
Alberto Nunez	at (	954	)	309-2222			
Name of Person	ur (	Area Co	le & Dayti	me Telephone N	umber		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### **MAILING ADDRESS:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provision	s of section 608.416(2) or 608.509,	Florida Statutes, the undersigne	ed,		
	AnaMaria Rivera	, hereby resigns as	i		
	Name of Registered Agent	, , notes y 145.8.15 us			
Registered Agent for	EcOr	e Group, LLC	·		
	Name of Limited Liability Cor	npany	<del></del>	·>	
L11000	141348				
Document Nur	nber, if known				
A copy of this resignation	n was mailed to the above listed lim	ited liability company at its last	known add	ress.	
The agency is terminated	and the office discontinued on the	31st day after the date on which	this stateme	ent is f	iled.
	1 Notes	•			
	Signature of Res	signing Agent	=		
If signing on behalf of an	entity:			2013 JAN 28	
	Typed or Printed Na	ime			
	Capacity		TUDINE.	AM 8# 50	

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509	, Florida Statutes, the und	ersigned,	
, .	AnaMaria Rivera	, hereby res	sions as	
1	Name of Registered Agent	,,		
Registered Agent for	EcO	re Group, LLC		•
	Name of Limited Liability Co	ompany		
L110001	·			
*Document Num	ber, if known			
A copy of this resignation	was mailed to the above listed lin	nited liability company at	its last known address.	
The agency is terminated	and the office discontinued on the	31st day after the date or	which this statement is f	iled.
-	Signature of R	esigning Agent	201 174 (201	
If signing on behalf of an	entity:	,	2013 JAN 2	<u> </u>
· •	Typed or Printed l	Varne	28 AM	
-	Capacity		9 P	

\$ 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