(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

TO: Registration Section

CR2E079 (12/13)

Division of Corporations				
SUBJECT: Eco Concept Sol				
(Name of Limi	ited Liability Con	mpany)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for fil	ing.	
Please return all correspondence concerning	this matter to:			
Sona Ross				
(Contact Person)		_		
Eco Concept Solutions				
(Firm/Company)		-		
1602 Alton Road #384			-	
(Address)				
Miami Beach, FL 33139)		# 2	
(City/State and Zip Code)	, , , , , , , , , , , , , , , , , , ,	_		-
For further information concerning this matter	er, please call:		OM FEB III SACHAGDAR ALBAHASS	ļ.
Sona Ross	727	744-1964	PM	
(Name of Contact Person)	(Area Code	& Daytime Telephone	Number) :	
Enclosed please, find a check made payable to			W (11)	
\$25 Filing Fee		555 Filing Fee &		
· / `		Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRE	ess:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporat	tions.	
Clifton Building		P.O. Box 6327	20214	
2661 Executive Center Circle		Tallahassee, Florida	<i>5</i> 2314	
Tallahassee, Florida 32301				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as O CONCEPT SOLUT		ds of the Florida Department	
2. The Florida docu L12000007	ment/registration number o	f this limited liability co	ompany is:	
3. The date this me	mber withdrew or will with	_{draw is:} 31 January	2014	
_{4. I,} Sona Ross		, hereby resign as a Managing Member		
	ame of Person Resigning)	,	(Print Title)	
of this limited lial resignation in writer		e limited liability comp	pany has been notified of my	
Signature of Re Filing Fee: Certified Copy:	signing or Dissociating Ma \$25.00 (Required) \$30.00 (Optional)	nager, Member	M FEB II PH 3: 2	