

From: William Lazenby
7/18/2018

Fax: (727) 362-8151

To:

Fax: (850) 617-6383
Division of Corporations

Page 1 of 2 07/18/2018 8:55 AM

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 : ELLISON LAZENBY PLLC
Account Number : I20150000059
Phone : (727) 362-6151
Fax Number : (727) 362-6131

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ECYCLE FLORIDA, LLC

Certificate of Status	0
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K. SALLY
JUL 19 2018

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H18000207617 3



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
18 JUL 18 PM 2:00
CLERK OF COURT
JUL 18 2018

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: ECYCLE FLORIDA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000097549

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-29-18

4. I, STEVEN P. ELIA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER AND MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)