

✓
L13000018904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

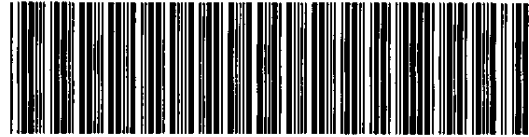
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. BOSTICK

OCT 10 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Ekkos Global Associates LLC**

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Susan Adriance

(Contact Person)

(Firm/Company)

2520 N McMullen Booth Road Ste B114

(Address)

Clearwater, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

David Greenfield

(Name of Contact Person)

727 518-0000

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Office Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6127
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

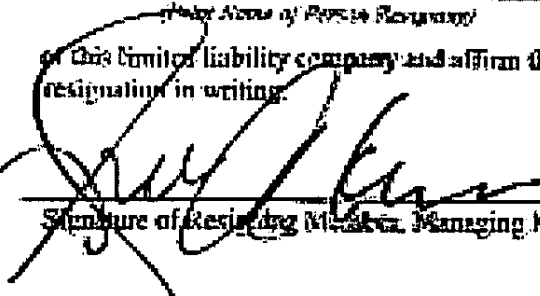
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ekkos Global Associates LLC

2. This limited liability company was organized under the laws of Florida

3. The Florida document/registration number of this limited liability company is: L13000018804

4. I, Susan Adriance, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)

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



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$10.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA