13000063724

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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Ms CM

COVER LETTER

	of Corporations		
PA	NTRO ECHO, LLC		
SUBJECT:			
	(Name o	of Limited Liability Co	ompany)
The enclosed mo	ember, resignation or di	ssociation and fee	(s) are submitted for filing.
Please return all	correspondence concer	ning this matter to	:
Patricia Bastidas			
	(Contact Person)		_
	(Firm/Company)		<u> </u>
18800 NE 29th Ave	: Unit 529		
-	(Address)	<u>-</u> -	_
Aventura, FL 33180	1		
-	(City/State and Zip Code)		_
For further infor	mation concerning this	matter, please call	· ·
Patricia Bastidas		786	302-4856
(Name	of Contact Person)	at (at (le & Daytime Telephone Number)
Enclosed please	find a check made pays	ible to the Florida	Department of State for:
■ \$25 Filing Fe			ng Fee & Certified Copy
Mailing Ac	ddress <u>:</u>		Street Address:
	ion Section		Registration Section
	of Corporations		Division of Corporations
P.O. Box			The Centre of Tallahassee
Tallahass	see, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as a Echo, LLC	it appears on the records	of the Florida Department
2. The Florida docu L13000063724	ment/registration number ass	signed to this limited liab	ility company is:
		·	7/22/21
3. The date this mer Patricia Bastidas	mber/manager withdrew/resignation	gned or will withdraw/res	sign is:
4. l,	. 1,, hereby withdraw/resign as a (Print Name of Person Resigning)		sign as a
(Print No Manager	ume of Person Resigning)		30
	Print Title)		
of this limited liab resignation in wri	ility company and affirm the ting.	e limited liability compan	y has been notified of my
Signature of Dis	sociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		