

LB000169887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

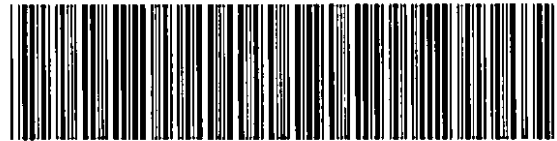
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/15/18--01015--020 \*\*25.00

FILED  
18 SEP -4 PM 12:31  
FALCON FIELD OFFICE

SECTIONS  
SEP 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2018

BRADLEY COX  
405 WEST 25TH ST  
SANFORD, FL 32771

SUBJECT: ECLS GLOBAL LLC  
Ref. Number: L13000169887

We have received your document for ECLS GLOBAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 818A00017411

RECEIVED  
2018 SEP -4 PM 2:59

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECLS GLOBAL LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Bradley Cox

(Contact Person)

ECLS GLOBAL LLC

(Firm/Company)

405 West 25th Street

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Bradley Cox

(Name of Contact Person)

407

at ( )

323-9202

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



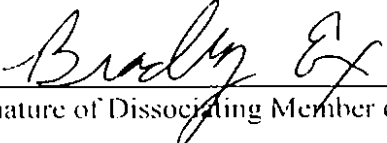
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ECLS GLOBAL LLC
2. The Florida document/registration number assigned to this limited liability company is: L13000169887
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/15/18
4. I, Bradley Cox, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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