L13000169887

(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:





400317580024

08/29/18--01021--013 **110.00



D BRUCE SEP 08 2018

COVER LETTER

SUBJECT: ECLS Global LLC Name of Limited Liability Company	_		
DOCUMENT NUMBER: <u>L13000169887</u>	_		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee a for filing.	re subm	itted	
Please return all correspondence concerning this matter to the following:			
Joseph L Burgess Name of Person			
Name of Firm/Company			
Name of I mis company			
5035 Avon St			
Address	≨g	2018	
Lake Walog FT 33859 City/State and Zip Code	LAS.	B AUG	7
City/State and Zip Code	\$3	30	-
	Re		
E-mail address: (to be used for future annual report notification)		Par	£ ()
For further information concerning this matter, please call:		<u>කි</u> බ	The same of
Joseph L Burgess at (863) 232, 2027 Name of Person Area Code Daytime Telephone Number	_		
Name of Person Area Code Daytime Telephone Number			

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Theresa Tomaseld, hereby resigns as	
Registered Agent for <u>ECLS Global LLC</u>	
Name of Limited Liability Company	
L13000169887 Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is file	ed.
Signature of Resigning Agent	-T1
Signature of Resigning Agent If signing on behalf of an entity:	OF THE PERSON NAMED IN
Typed or Printed Name	
Capacity	1 -

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.		
Theresa Torrasela, hereby resigns as		
Registered Agent for <u>ECLS Global LLC</u>		
Name of Limited Liability Company		
L13000169887 Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known address.		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is	filed.	
Signature of Resigning Agent		
Signature of Resigning Agests	. ·S	
If signing on behalf of an entity:	2016 AUG	7
Typed or Printed Name	30	Decor.
Capacity	PH 3: 51	Fermi

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314