

L14000169322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

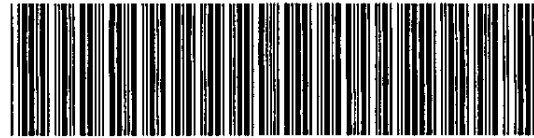
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 17 PM 4:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Coast Consultant Group 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:

Jonathan Harris

(Contact Person)

(Firm/Company)

4248 Deste Court

(Address)

Lake Worth FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Harris

(Name of Contact Person)

at 561 400-5083
(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

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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: East Coast Consultant Group LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000169322

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2016

4. I, Lance Littell, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 17 PM 4: 46

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