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SECRETARY OF STATE

77. APR 18 PH 7: 1

COVER LETTER

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TO: Registration Section Division of Corporations

(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Julie Jenkins	
(Confact Person)	
(Firm/Company)	
7955 Tumblestone Drive (Address)	
Orlando, FL 32819 (City/State and Zip Code)	
For further information concerning this matter	r, please call:
Julie Jenkins	at (407) 446-7574
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to S25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303



FILED

2022 APR 18 PM 7: 48

SECRETARY OF STATE TALLAHASSEE, FL

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: <u>ECE I</u>	nternational LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L15000151104	 ,
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 01/31/2022
4. I. Julie Jenkins (Print N	, hereby withdraw/resign as a
AMBR	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)