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COVER LETTER

_	istration Section ision of Corporations		
SUBJECT	LECEPB SERVICES, LLC		
	(Name of Limited	Liability Con	pany)
The enclose	ed member, resignation or dissociation	on and fee(s)) are submitted for filing.
Please retur	m all correspondence concerning this	matter to:	
SAMUEL	S. SOROTA, ESQ.		
	(Contact Person)		•
LAW OFF	ICES SAMUEL S. SOROTA		
	(Firm/Company)		-
801 NE 16	S7STREET, SUITE 308		_
	(Address)		•
NORTH M	IIAMI BEACH, FL 33162		
	(City/State and Zip Code)		-
For further	information concerning this matter, p	olease call:	,
SAMUEL	S. SOROTA	305	652-7777
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed p	lease find a check made payable to thing Fee		epartment of State for: Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration of	n Section Corporations		Registration Section Division of Corporations
Clifton Bui	=		P.O. Box 6327
2661 Execu	ntive Center Circle e, Florida 32301		Tallahassee, Florida 32314

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)

1. The name of the	limited liability company	as it appears on the records of the F	lorida Department
of State is:	ECEPB SERVICES, LLC		
2. The Florida docu	ıment/registration number	assigned to this limited liability cor	mpany is:
L1600007782	2	,	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	12/01/2017
4. I,	QUEVEDO	, hereby withdraw/resign as	a
(Print N	ame of Person Resigning)		
MGR			
	(Print Title)		
resignation in wr	ssociating Member or Res	the limited liability company has be	eenmotified of my FILED AND 17 PH 12: 19
Filing Fee:	\$25.00 (Required) \		