

**L16000145517**

1/7/2020

Division of Corporations

**Florida Department of State**

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.  
Account Number : I20160000073  
Phone : (305)967-6329  
Fax Number : (305)470-7453

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ECOMIX HOLDING LLC**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECOMIX HOLDING 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:

MILENA MITRAUD  
(Contact Person)

MARILI CANCIO JOHNSON PA  
(Firm/Company)

1395 BRICKELL AVENUE SUITE 650  
(Address)

MIAMI/FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

MILENA MITRAUD at 786 8022332  
(Name of Contact Person) (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)

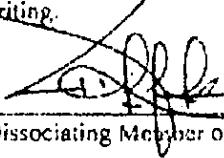
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ECOMIX HOLDING LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000145517

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/02/2020

4. I, TARIK ANDRADE, 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