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PICK-UP WAIT MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations	e.
SUBJECT: ECO HOME PARTNERS, LLC Name of Limited Liability	ty Company
DOCUMENT NUMBER: L17000111563	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
MICHELLE KEYSTON	
Name of Person	— S2. 62
EXCELLENCE CAPITAL, LLC	
Name of Firm/Company	
7345 GREENBRIAR PKWY	
Address	
ORLANDO, FL 32819	
City/State and Zip Code	<u> </u>
RICHARD.D@SMARTBUILDCAPITAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RICHARD DUNCAN 321	246-1162
Name of Person Area Code	246-1162 e Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolv liability company.	nt of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STRE	EET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

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 under	ersigned,
MICHELLE KEYSTON	, hereby resigns as
Name of Registered Agent	- the second sec
Registered Agent for ECO HOME PARTNERS, LLC	
Name of Limited Liability Company	,
L17000111563	
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 a signature of Resigning Agent	er the date on which this statement is filed.
If signing on behalf of an entity:	2: 1 2: 12: 12: 12: 12: 12: 12: 12: 12: 12: 1
Typed or Printed Name	
Capacity	

FILING FEES:
\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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