## L18000115762

(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
Ecomponents LLC				
SUBJECT: (Name of Limited Liability Company)				
The enclosed member, resignation or diss	sociation and fee(	s) are submitted for t	filing.	
Please return all correspondence concern	ing this matter to:			
Stephen Mann				
(Contact Person)		<del></del>		
Ecomponents LLC				
(Firm/Company)		_		
1650 N Hercules Ave, Suite L				
(Address)		_		
Clearwater, fl 33765				
(City/State and Zip Code)		_	2018 SE( FALL	
For further information concerning this n	natter, please call:	:	2010 JUL 30 SECRETANN ALLAHASSI	
Stephen Mann	727	698-8134	103 mi	
(Name of Contact Person)	<u> </u>	e & Daytime Telephor	nc Number)	
Enclosed please find a check made payab \$25 Filing Fee		Department of State g Fee & Certified Co	for: 👯 🐔 🌷	
STREET/COURIER ADDRESS:			RESS:	
Registration Section Division of Corporations		Registration Section  Division of Corpor		
Clifton Building		P.O. Box 6327	MICHO	
2661 Executive Center Circle		Tallahassee, Florid	la 32314	

Tallahassee, Florida 32301

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)

The name of the limited liability company as it a     of State is:    Ecomponents LLC	appears on the records of the Florida Department
2. The Florida document/registration number assig	aned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I.  (Print Name of Person Resigning)  Manager	
of this limited liability company and affirm the line resignation in writing.  Signature of Dissociating Member or Resigning	imited liability company has been not field my my logical to the logical my logical to the logical my logical to the logical my logi

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