

L190000 98129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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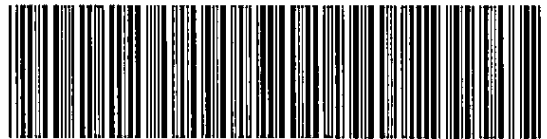
(Business Entity Name)

(Document Number)

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FEDERAL REGISTER

2013 MAY 15 PM 1:23

FILED

MAY 23 2013
FEDERAL REGISTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Coast Eco-Blast LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000098129

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Silvain

Name of Person

East Coast Eco-Blast LLC

Name of Firm/Company

9406 Bridlewood Dr.

Address

New Port Richey, FL 34654

City/State and Zip Code

robertsilvain@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Silvain

at (727) 385-1378

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kyle Doege

Name of Registered Agent

, hereby resigns as

Registered Agent for East Coast Eco Blast LLC

Name of Limited Liability Company

L19000098129

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 the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
2023 MAY 15 PM 1:13
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS