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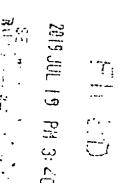
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

_	tion Section of Corporations		
SUBJECT: EC	C Records, LLC.	and Linkiller Con	
	(Name of Limi	ted Liability Cor	npany)
The enclosed me	ember, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return all	correspondence concerning t	his matter to:	
Eric Charles R	oblejo		
	(Contact Person)		_
EC Records, L	LC.		
	(Firm/Company)		_
2790 N 38th A	ve		_
	(Address)		
Hollywood, FI	33021		
	(City/State and Zip Code)	•	_
For further infor	mation concerning this matte	r, please call:	
Eric Roblejo		305	761-9575
(Name	e of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please ■ \$25 Filing Fe	find a check made payable to e		Department of State for: g Fee & Certified Copy
	RIER ADDRESS:		MAILING ADDRESS:
Registration Sec			Registration Section
Division of Corp Clifton Building			Division of Corporations P.O. Box 6327
2661 Executive	•		Tallahassee, Florida 32314
Tallahassee, Flo			rananassee, rionda 52514

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 of State is:	limited liability company as it apparents, LLC.	ears on the records of the Flor	ida Dep	artment
2. The Florida docu L19000129150	ment/registration number assigned	to this limited liability compa	any is:	
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is:	/15/201	9
4. I, Keven Pimentel, hereby withdraw/resign as, hand ager			S	
				2815 JUL 19
·	Print Title)		Ħ.	_
resignation in wri	ssociating Member or Resigning M		notified	l affmy : ⇔ L
	\$25.00 (Required) \$30.00 (Optional)			