Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001372563)))



H200001372563ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.

Account Number : I19990000007 Phone : (954)323-6300 Fax Number : (954)323-6301

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

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN ECOMET SOLUTIONS, LLC.

Certificate of Status	0
Certified Copy	U
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



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)

	•	s it appears on the records of the Florida Department
2. The Florida doct	-	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 03/25/2020
4. I, (Print Name of Person Resigning)		, hereby withdraw/resign as a
	ame of Person Resigning)	
MGR		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ming Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	