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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: A.C.Echo Photography LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000099936	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jazmine Johnson 800	773-0888 x5122
Name of Person Area Code	)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.01	5, Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc. hereby resigns as					
Name of Registered Ago	ent	, hereby resigns as			
Registered Agent for A.C.Echo Photogra	aphy LLC		<u> </u>		
Name of Li	nited Liability Company		<del></del>	·	
L20000099936					
Document Number, if known	<del></del>				
A copy of this resignation was mailed to the  The agency is terminated and the office disco					tiled.
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Cheyenne Mose					
	yped or Printed Name United States Corporation Ago	ents, Inc.			
	Capacity		SEORETA TALLAI	2020 AUG -	ARTIN .
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily disso ty company	RY OF ST	-4 AM 10:	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314