

h20000144631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

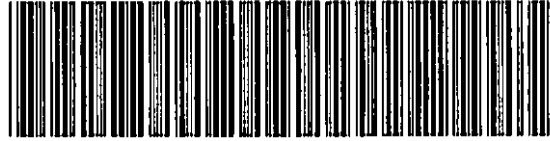
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700392325287

08/15/22--01010--012 **25.00

FILED
2022 AUG 15 PM 4:08
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

ECHO HOLDINGS GROUP LLC

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: L20000144631

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:

BEN HABEGGER

Name of Person

OUTSOURCED GENERAL COUNSEL

Name of Firm/Company

5351 E THOMPSON RD #298

Address

INDIANAPOLIS, IN 46237

City/State and Zip Code

BEN@ECHOHOLDINGSGROUP.COM

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

For further information concerning this matter, please call:

ECHO HOLDINGS GROUP LLC

305

9132420

Name of Person

at (_____)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
REGISTERED AGENTS INC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for ECHO HOLDINGS GROUP LLC

Name of Limited Liability Company

12(000)144631

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

STATE OF FLORIDA
TALLAHASSEE, FL

2022 AUG 15 PM 4:08

FILED

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