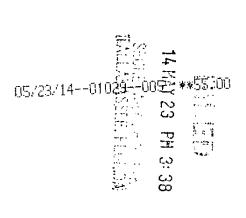
# 11104000003289

(Requestor's Name)					
(Address)					
(184)555)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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JUN 0 9 2014 C. CARROTHERS

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SURI	ECS FLORIDA, LLC		
	Name	of Limited Liability 00003289	Company
The en	nclosed Resignation of Registered A	gent for a Limited	l Liability Company and fee are submitted
Please	return all correspondence concerni	ng this matter to th	ne following:
Antho	ony Fiorillo, P.E.		
	Name of Person		
ECS	FLORIDA, LLC		
	Name of Firm/Company		•
2815	Directors Row, Suite 500		
	Address		•
Orlan	do, Florida 32809		
	City/State and Zip Code		•
afioril	lo@ecslimited.com		
E-	mail address: (to be used for future annual	report notification)	•
For fu	rther information concerning this ma	atter, please call:	
Cliff F	lendrickson. P.G.	407	859-8378

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Name of Person

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

Area Code Daytime Telephone Number



### 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)

The name of the limited liability company as in of State is:	t appears on the records of the Florida Department
2. The Florida document/registration number ass M04000003289	igned to this limited liability company is:
3. The date this member/manager withdrew/resig	ned or will withdraw/resign is:
George Ryan Bridger	, hereby withdraw/resign as a
Vice President	
(Print Title)	
of this limited liability company and affirm the resignation in writing.  Signature of Dissociating Member or Resigni	limited liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	