MMDDDDD04193

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

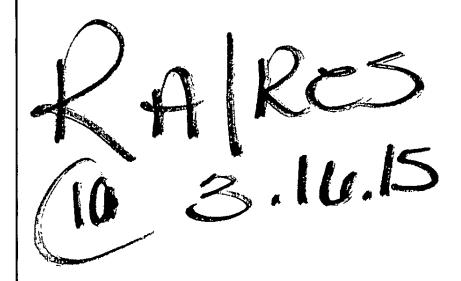
Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ECRV CLINTON TIC 15, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: M07000004193	
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:
ROBIN MOLT	
Name of Person	•
CORPORATION SERVICE COMPANY	
Name of Firm/Company	•
80 STATE STREET	
Address	-
ALBANY NY 12207	
City/State and Zip Code	-
RMOLT@CSCINFO.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
ROBIN MOLT at (518 Name of Person Area Code	433/7018
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited do, voluntarily dissolved or withdrawn limited

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle

Registration Section

Tallahassee, FL 32301

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the	undersigned,	OLUSEC.
CORPORATION SERVICE COMPANY		, hereby resigns as	SISTAN OF STATE OF ST
Name of Registered Agent		, nereby resigns as	1 CON
Registered Agent for E	CRV CLINTON TIC 15, LLC		
			ير
	Name of Limited Liability Company		•
M07000004193			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed limited lial	bility company at its last know	vn address.
The agency is terminated	d and the office discontinued on the 31st day	y after the date on which this	statement is filed.
	Roben Mult-Signature of Resigning A	agent	
If signing on behalf of a	n entity:		
	ROBIN MOLT		
	Typed or Printed Name		
	ASST SECRETARY		
	Capacity		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company 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