(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

ECDV CLINTON TIC 22 LLC				
SUBJECT: ECRV CLINTON TIC 22, LLC Name of Limited Liability Company				
DOCUMENT NUMBER: M07000004201				
The enclosed Resignation of Registered Agent for a Li for filing.	mited Liability Company and fee are submitted			
Please return all correspondence concerning this matte	r to the 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 notificate	ion)			
For further information concerning this matter, please	call:			
ROBIN MOLT st. 518	433/7018 Code Daytime Telephone Number			
ROBIN MOLT at (518 Name of Person Area	Code Daytime Telephone Number			
Enclosed is a check made payable to the Florida Departiability company or \$25.00 for an administratively distributive company.	rtment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn limite			

STREET ADDRESS: Registration Section

Tallahassee, FL 32301

Clifton Building

Division of Corporations

2661 Executive Center Circle

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 provis	sions of section 605.0115, Florida Statutes, the	e undersigned,	
CORPORATION SERVICE COMPANY		, hereby resigns as	ON SC
Name of Registered Agent		,g	South State of the
Registered Agent for	ECRV CLINTON TIC 22, LLC		A SECTION
			'W 1800
	Name of Limited Liability Company		3
M07000004201			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited lia	ability company at its last kno	own address.
The agency is termina	ated and the office discontinued on the 31st da	ay after the date on which this	s statement is filed.
	Robert Mod Signature of Resigning	Agent	
If signing on behalf of	f an entity:		
	ROBIN MOLT		
	Typed or Printed Name		
	ASST SECRETARY		
	Capacity		

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