

M13000005056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

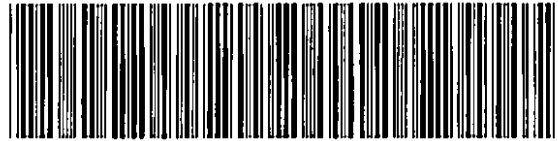
(Business Entity Name)

(Document Number)

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
18 AUG 24 PM 3:28

FILED
18 AUG 24 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 27 2018

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 8/24/2018

ACCT. I20160000072

en: c DW

Name:	EIP Credit Co., LLC - Ecosystem Investment Partners
Document #:	
Order #:	11128312

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIP Credit Co., LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M13000005056

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nelly Perkins

(Name of Contact Person)

Ecosystem Investment Partners

(Firm/Company)

5550 Newbury Street, Suite B

(Address)

Baltimore, MD 21209

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelly Perkins

at (410) 982-0234

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

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

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

FILED
18 AUG 24 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby certify that I am the Authorized Person of

EIP Credit Co., LLC

_____, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

ECOSYSTEM INVESTMENT PARTNERS CREDIT CO., LLC

(Alternate Name Renounced in State of Florida)



_____, Manager
Signature of Authorized Person

8/23/18
Date

Make check payable to Florida Department of State and mail to:

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**