

M14000001860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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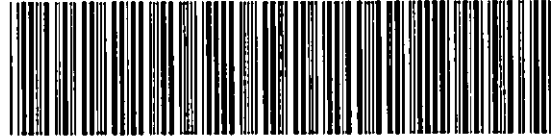
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECO AGRO RESOURCES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M14000007860

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:

BRYAN SANDS

Name of Person

SANDS & ASSOCIATES PLC

Name of Firm/Company

6983 PROFESSIONAL PKWY E

Address

LAKEWOOD RANCH, FL 34240

City/State and Zip Code

INFO@CPASANDS.COM

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

For further information concerning this matter, please call:

BRYAN SANDS

Name of Person

at (**941**) **388-8208**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SANDS & ASSOCIATES PLC

Name of Registered Agent

Registered Agent for **ECO AGRO RESOURCES LLC**

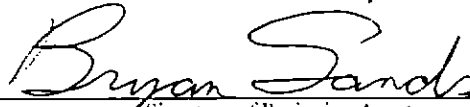
Name of Limited Liability Company

M14000007860

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:

BRYAN SANDS

Typed or Printed Name

VP

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

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FLORIDA DEPARTMENT OF STATE