

MIT 00000 2518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

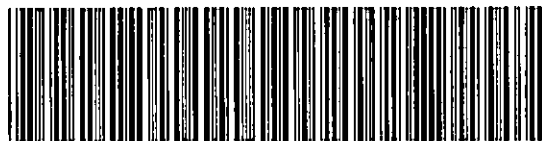
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700356542797

12/21/20--01042--001 **95.00

STUDY COPY
TOLSON, ROBERT E.
FL

2020 DEC 21 AM 10:14

FILED

O SIMMONS

JAN 27 2021

26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECM Holding Group LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly Dunham

(Name of Person)

ECM Holding Group Inc

(Firm/Company)

2750 Vinland Street

(Address)

Oshkosh, WI, 54901

(City/State and Zip Code)

For further information concerning this matter, please call:

Molly Dunham

(Name of Person)

920

at ()

267-6110

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

2020 DEC 21 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ECM Holding Group, LLC

(Name of limited liability company)

Wisconsin

(Jurisdiction of its organization)

03/27/2017

(Date registered with Florida Department of State)

M17000002518

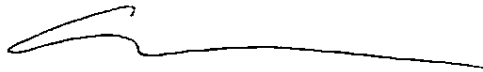
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Erik Larson

(Typed or printed name of signee)

Filing Fee: \$25.00