BOD POOD TIME

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	y/State/Zip/Phone #)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
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ed Copies	Certificates of Status		
- 			
⇒ edial Instructions to Filin	ig Officer:		
	ODNE		
	J. HOKIY		
	J. HORNE FEB 17 2023		
			

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500					
ACCOUNT NO. : I2000000195					
REFERENCE : 422122 8323810					
AUTHORIZATION :					
COST LIMIT : \$ 85.00					
ORDER DATE : January 31, 2023					
ORDER TIME : 10:51 AM					
ORDER NO. : 422122-015					
CUSTOMER NO: 8323810					
ANNUAR FEROME FLEING					
NAME: -RAZRESTECHATION> ECO-SITCILL					
NAME: -RAZRESEGNACEON>					
ECO-Site, LLC					
XX RESIGNATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Unassigned-EXT#					

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT: Name of Limited Liabi	ity Company
DOCUMENT NUMBER: M17000004008	
The enclosed Resignation of Registered Agent for a Limitor filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
RESIGNATIONS DEPARTMENT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
251 LITTLE FALLS DRIVE	
Address	_
WILMINGTON, DE 19808	
City/State and Zip Code	-
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please cal	1:
RESIGNATION DEPT 800 at (927-9801
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the u	ndersigned,	
CORPORATION SERV	VICE COMPANY	, hereby resigns as	20
Name of Registered Agent		Hereby resigns as	23 F
Registered Agent for Eco-Site, LLC			2023 FEB I
	Name of Limited Liability Company		MN 10: 24
M17000004008			: 21
Document 3	Number, if known		+
	tion was mailed to the above listed limited liabited and the office discontinued on the 31st day	after the date on which th	
If signing on behalf of	an entity:		
	BY EYLIENA BAKER		
	Typed or Printed Name VICE PRESIDENT		
	Capacity		

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314