

M1700000 4285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

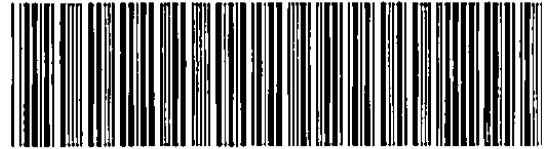
(Business Entity Name)

(Document Number)

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19 OCT - 1 AM 0:18
STATE
TALLAHASSEE, FLORIDA

OCT 18 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELCM FI HOLDCO LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M17000004285

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subn for filing.

Please return all correspondence concerning this matter to the following:

RESIGATION DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City/State and Zip Code

RMOLT@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

Name of Person

at (800) 833-9848

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active lim liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdraw 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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for ELCM FI HOLDCO I LLC

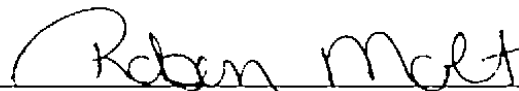
Name of Limited Liability Company

M17000004285

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



Signature of Resigning Agent

If signing on behalf of an entity:

BY ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

Capacity

19 OCT -1 AM 6:18
TALLAHASSEE, FL 32314

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