

M17000006952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

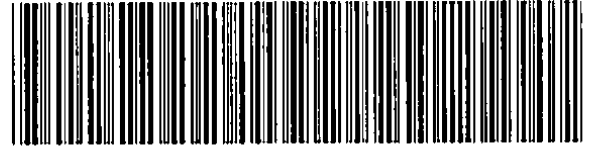
(Business Entity Name)

(Document Number)

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19 SEP -3 AM 8:48

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SEP 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: EC120B, LLC  
Ref. Number: M17000006952

*Corrected -  
Please allow  
or units  
file!*

We have received your document for EC120B, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 319A00018138

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EC120B, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINA GOFF

Name of Person

Sunshine State Corporate Compliance Company

Firm/Company

3458 LAKESHORE DRIVE

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

SUNSHINECORPORATE2014@GMAIL.COM

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

For further information concerning this matter, please call:

TINA GOFF

at ( 850 ) 656-4724

Name of Person

Area Code &amp; Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

~~☐~~ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copv

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

<p>2. (a) _____ Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> 101 S. Ft. Lauderdale Beach Blvd #1704 _____ Ft. Lauderdale, FL 33316</p>	<p>(b) _____ Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> 101 S. Ft. Lauderdale Beach Blvd #1704 _____ Ft. Lauderdale, FL 33316</p>
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M17000006952

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FBI - ALBUQUERQUE