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(Requ	uestor's Name)			
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COVER LETTER

Divis	sion of Corporations						
SUBJECT:	Econologics Tax Solution	ns, LLC					
SOBILCT.	(Name of Limited Liability Company)						
The enclosed	I member, resignation or dis	sociation and feet	(s) are submitted for	or filing.			
Please return	all correspondence concern	ing this matter to	÷				
Diane Musi	ic			22			
	(Contact Person)		_	4			
Econologic	s Financial Advisors, LLC			2818 ESR 27			
	(Firm/Company)			F 73			
2401 West	Bay Drive, Suite 410			ं 			
	(Address)			3.			
Largo, FL 3	33770						
	(City/State and Zip Code)						
For further in	nformation concerning this t	natter, please call	:				
Diane Musi	ic	727 at (588-1540				
(N	lame of Contact Person)		le & Davtime Telep	hone Number)			
Enclosed plo □ \$25 Filing	ease find a check made payal g Fee		Department of Sta ng Fee & Certified				
	OURIER ADDRESS:		MAILING AD				
Registration			Registration Section				
Division of C Clifton Build	Corporations		Division of Corporations P.O. Box 6327				
	ive Center Circle		Tallahassee, Florida 32314				

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

			1 12 12 12 12 12 12 12 12 12 12 12 12 12	
1. The name of the	limited liability company as	it appears on the records	of the Florida Del	oartment.
of State is:	nologics Tax Solutions, LL	.C	27	<u> </u>
2. The Florida docu M1800000174	ument/registration number as 5	ssigned to this limited lial	oility company is: غ غ غ	Ö
3. The date this me	mber/manager withdrew/res	igned or will withdraw/ro	March 22	2, 2019
4. I, Eric S. Miller	ame of Person Resigning)	, hereby withdraw/r	esign as a	
Member	,			
	(Print Title)			
resignation in wr	AND	· ·	ny has been notifie	d of my
Signature of Di	ssociating Member or Resig	x ing Manager		
	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			