M20000005135

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SECRETARY OF LITTER
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COVER LETTER

TO: Registration Section Division of Corporations 1221 ECOMBUSTIBLE HOLDINGS, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: M20000005135 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brandon Sjelin Name of Person First Corporate Solutions, Inc. Name of Firm/Company 12631 Imperial Highway F-106 Address Santa Fe Springs, CA 90670 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brandon Sjelin

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Name of Person

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 provi-	sions of section 605.0115, Florida Sta	tutes, the undersigned.		
FIRST CORPORATE SOLUTIONS, INC. Name of Registered Agent		horoby rocio	, hereby resigns as	
		, nereby resig	, nereby resigns as	
Registered Agent for	1221 ECOMBUSTIBLE HOLDINGS,	LLC		
	Name of Limited Liability C			
	Name of Limited Claomity C	отрану		
M20000005135				
Document	Number, if known			
A copy of this resign	ation was mailed to the above listed li	mited liability company at it	s last known address.	
The agency is termin	ated and the office discontinued on th	e 31st day after the date on w	which this statement is filed	
	OM			
	Signature of R	esigning Agent		
If signing on behalf o	f an entity:		202	
	Dang Nguyen		F. J.L. 2021 SEP 22 SECRETARY TALLARY	
	Typed or Printed	Name	P 2	
	Assistant Secretary			
	Capacity			
			=	
	FILING FEES: \$ 85.00 Active limi \$ 25.00 Administra withdrawn	ted liability company tively dissolved/ voluntarily limited liability company	dissolved/	

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