10100014678

| (Requestor's Name) |
|---|
| |
| Jolanta Vaicyte 9240 Byron Hve — Surfside, FL 33154 |
| 9240 Byron Here |
| - Surfside A 33154 |
| ′ ′ ′ |
| (City/State/Zip/Phone #) |
| (City/State/Eip/Filone #) |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| 1 |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| l later |
| 1 18 1 |
| |

Office Use Only



700010966467

01/30/03--01060--003 **25.00

DAVAGE TO THE CONTRACT OF THE



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, JOLANTA VAICYTE | , hereby resign as | MANAGES | | |
|--|--|-----------------------|----|--|
| ofELENA L.C. | | | | |
| (Limited Liability Company) | | | | |
| a limited liability company organized under the laws of the State of FLORIDA | | | | |
| and affirm that the limited liability company has l | been notified in writin | ng of the resignation | n. | |
| | of the state of th | | •• | |
| (Signature of resigning manager, | managing member o | r member) | | |
| , | | | | |

FILING FEE IS \$25.00

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