L03000007182

| (Re | questor's Name) | | | | |
|---|-------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | y/State/Zip/Phone | · #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only

NOF



500228789175

10/22/12--01052--006 **25.00

12 OCT 22 PH 3: 48 SECRETARY OF STATE TATE ARASSEL FLORIDA

APPROVED AND FILED

D. BRUCE
OCT 23 2012
EXAMINER



October 10, 2012

FANIE BOTHA 5518 GROVE AVE JACKSONVILLE, FL 32211

SUBJECT: ELM STREET LLC Ref. Number: L03000007182

We have received your document for ELM STREET LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 712A00025077

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|-----------------------------------|--|--|--|
| SUBJECT: ELM STREET LLC (Name of Limited Liability Company) | | | | | |
| The enclosed member, managing member or manafiling. | ger resignation and fee(s) are submitted for | • | | | |
| Please return all correspondence concerning this m | natter to: | | | | |
| FANTE BOTHA (Contact Person) | | | | | |
| ELMI STREET LLC (Firm/Company) | | | | | |
| 5518 GROVE AVE (Address) | | | | | |
| TACKSONUTLLE FL 32 (City/State and Zip/Code) | 211 | | | | |
| For further information concerning this matter, plea | ase call: | | | | |
| FANTE BOTHA at (| 904) 316 2410 rea Code & Daytime Telephone Number) | SE SE | | | |
| Enclosed please find a check made payable to the I \$25 Filing Fee | Florida Department of State for: \$55 Filing Fee & Certified Copy | SECKETARY OF TALLAHASSEE. | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations | 07 87416 07 87416 07 10710) | | | |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as it app | | the Florida Department |
|--|--|-------------------------|---------------------------|
| _ | ty company was organized unde | r the laws of: | 12 OCT SECRE TALL A |
| | nent/registration number of this l | • | ny is: 22 PH 3: |
| 4. I, MAKTHA H (Print Nan | . EZECHIELS—BOTHA ne of Person Resigning) | hereby resign as a | MGRM F |
| of this limited liabil resignation in writing | ity company and affirm the limi | ted liability company l | nas been notified of my |
| Arch | iels | | |
| Signature of Resign | ning Member, Managing Membe | er or Manager | |
| Filing Fee: Certified Copy: | • | | |