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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ELITE RESEARCH	NETWORK LLC
The en	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
	HICHAGE J. KORFN (Contact Person)	
	JCiR LTD (Firm/Company)	
<u> 408</u>	(Address)	O. SUITEI
	ACKSONULLE. FL 32.2 (City/State and Zip Code)	16
For fu	rther information concerning this matte	er, please call:
J	(Name of Contact Person)	at (904) 732 - 6681 (Area Code & Daytime Telephone Number)
	sed please find a check made payable to Filing Fee	o the Florida Department of State for:  S55 Filing Fee & Certified Copy
Regist	ET/COURIER ADDRESS: cration Section on of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



## 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)

		<u></u> د
1. The name of th	ne limited liability company as it appears on the records of the	Florida Department
of State is:	ELITE RESEARCH NETWORK, LLC	<u> &gt;                                   </u>
	cument/registration number assigned to this limited liability of	••
L040	00069037	
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is	1 JULY 2019
4. I, MICF) P. (Print	Name of Person Resigning), hereby withdraw/resign a	as a
PAR	Print Title	
of this limited li resignation in w	iability company and affirm the limited liability company has writing.	been notified of my
$\mathcal{A}^{\cup}$	Loren	
Signature of I	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	