

## 1050000/3819

Elephantito UC (Requestor's Name)
240 Island Dr (Address)
(Address)  Key Biscaure FL 3314° (City/State/dip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/27/06--01011--024 \*\*25.00







## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, <u>CABRIElle NOYES</u> , hereby resign as <u>IANA 9ER</u>
of FLEPHANTITO LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of FLORIDA
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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

Tallahassee, FL 32314