L05000112691

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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		LS

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Be (myde on Os (Name of Limited)	Egrey UC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
WASTEN HICKESTE !! (Contact Person)	,
Elite Program Services,	Inc.
6583 Midnight PASS Ro (Address))
Sarasota, FL 34242 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
(Name of Contact Person) at	(941) 349-3131 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Section Secti	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li	mited liability company as it appears on the records of the Florida Department Bernada on Osprey, UC.
2. This limited liabil	ity company was organized under the laws of:
3. The Florida docum	nent/registration number of this limited liability company is:
•	000112691
Elite Progra	m Services, Inc.
4. I, WASTEN Hic (Print Nat	Kernell - President, hereby resign as a <u>MANAFINE MEMBER</u> ne of Person Resigning) (Print Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Naver Ha	chand
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (5/06)

FILED

2007 JUN -4 PM 4: 26

SECRETARY OF STATE

SECRETARY OF STATE