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(Requestor's Name)		
· (Address)		
(Address)		
(City/State/Zip/Phone #)		
¹ ☐ PICK-UP ☐ WAIT ☐	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	ıs	
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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: Elitesouth Building Services, (Name of Limite)	LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing M	dember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Alvin Hatten (Name of Person)		
ETitesouth Bulding Ser	vices, uc	
76 Hickory Loop Drive	•	
(Address)		
Freeport, FI 32439 (City/State and Zip Code)		
For further information concerning this matter, please the following the followi	(850) 200 242 4, at (850) 582-7636/850-654-1425 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)	Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Otherwe Cecel, hereby resign as Man Member
of Elitesouth Building Services 4C.
(Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.
Catherine aleul
(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
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEF ET OBIO.