

# L060000081873

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

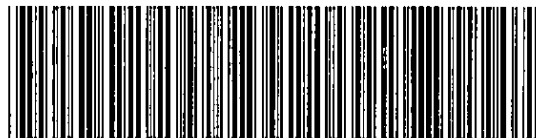
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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STATE OF CALIFORNIA  
COUNTY OF ALameda  
ASSISTANT CLERK

2020 APR 24 AM 8:38

FILED

APR 28 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 FEB 03 PM 7:53

February 3, 2020

J.W. MAXWELL BARTELS  
ELEMENT LLC  
5591 HALIFAX AVENUE  
FT MYERS, FL 33912

SUBJECT: ELEMENT LLC  
Ref. Number: L06000081873

We have received your document for ELEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 220A00002449

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Element LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

J W Maxwell Bartels  
(Contact Person)

Element LLC  
(Firm/Company)

5591 HALIFAX AVE  
(Address)

Ft Myers FL 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

J.W. MAXWELL Bartels at (239) 826-4079  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Element LLC

2. The Florida document/registration number assigned to this limited liability company is:

LD 6000081873

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/25/19

4. I, Scott J Bantel, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Scott J Bantel  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2020 APR 24 AM 8:38  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE