10000058472

| (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



600184516786

08/30/10--01022--027 **25.00

T. HAMPTON

AUG 3 . 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporation | ons | | |
|---|---------------------------------------|------------------------------------|--|
| SUBJECT: 4 Ele | Ments (Name of Limited | Leaning I Liability Compan | Services. LLC. |
| The enclosed member, manag filing. | ing member or m | anager resignati | on and fee(s) are submitted for |
| Please return all corresponder | ace concerning thi | s matter to: | |
| Maria C | , , , , , , , , , , , , , , , , , , , | | |
| (Contact | Person) | | |
| 4 Element (Firm/Co | S Car | ining Se | rvices LLC. |
| 325 S. t | SisceynE sss) | Blud. = | # 1414 |
| Miami (City/State as | nd Zip Code) | <u>sl.</u> | |
| For further information conce | rning this matter, | please call: | |
| (Name of Contact Pe | rson) | t (<u>786</u>) (Area Code & F | 222 - 00 6 6 Daytime Telephone Number) |
| Enclosed please find a check \$25 Filing I | made payable to t | he Florida Depa | • |
| STREET/COURIER ADDR | RESS: | MA | AILING ADDRESS: |
| Registration Section | | • | gistration Section |
| Division of Corporations | | | vision of Corporations |
| Clifton Building | | | D. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | ; | Tal | llahassee, Florida 32314 |

CR2E079 (5/06)



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 limited liability company as it a | ppears on the records | of the Florida Department |
|---|--------------------------|---------------------------|
| of State is: 4 Elements Clea | ining Severi | ces LLC. |
| | J | |
| 2. This limited liability company was organized un | der the laws of: | |
| Florida | * | • |
| | | |
| 3. The Florida document/registration number of the | is limited liability com | pany is: |
| L100000 58472 | <u>_</u> · | |
| 4. I, Miziam Bermudez (Print Name of Person Resigning) | , hereby resign as a | Treasurer. |
| (Print Name of Person Resigning) | | (Print Title) |
| of this limited liability company and affirm the li- resignation in writing. | mited liability compan | y has been notified of my |
| M | | |
| Signature of Resigning Member, Managing Mem | iber or Manager | |
| | | .r |

\$25.00 (Required)

\$30.00 (Optional)

JIVISION OF CORPORATIONS

CR2E079 (5/06)

Filing Fee:

Certified Copy: