210000060448

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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JAN 11 2020 S. YOUNG

COVER LETTER

~	sion of Corporations				
SUBJECT:	ELEVATION ACADEMY LLC				
John Her.	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissoc	iation and fee	(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to):		
Christopher Sr	nith				
	(Contact Person)		_		
SmithLaw					
	(Firm/Company)		_		
5391 Lakewoo	od Ranch Blvd N 203				
~	(Address)		_		
Sarasota, FL 3	4240				
	(City/State and Zip Code)		_		
For further in	nformation concerning this matt	ter, please call	l:		
Chris Smith		941 at (202-2222		
(N	lame of Contact Person)	(Area Cod	le & Daytime Telephone Number)		
Enclosed ple ☐ \$25 Filing	ease find a check made payable g g Fee		Department of State for: ng Fee & Certified Copy		
Regi: Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E079 (2/14)



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)

of State is: ELEVATION ACADEMY LLC 2. The Florida document/registration number assigned to this limited liability company is: L10000060448 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. 1. Thomas J. Carollo (Print Name of Person Resigning) managing member (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	1. The name of the	limited liability company as	s it appears on the records of	the Florida Department	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. 1. Thomas J. Carollo (Print Name of Person Resigning) managing member (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	of State is:	VATION ACADEMY LLC			
4. 1. Thomas J. Carollo (Prim Name of Person Resigning) managing member (Prim Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		ument/registration number a	ssigned to this limited liabilit	ty company is:	
4. I	3. The date this me	ember/manager withdrew/res	signed or will withdraw/resig	n is:	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	Thomas J. Carollo , hereby withdraw/resign as a				
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.					
Thrank Carlle	of this limited lia	bility company and affirm th	he limited liability company l	nas been notified of my	
	The view	ming.			
Filing Fee: \$25.00 (Required)	Signature of D	issociating Member or Resig	ning Manager		
Certified Copy: \$30.00 (Optional)	-	•		₹	