## 111000112268

(Re	questor's Name)	<del></del>		
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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R. WHITE APR 25 2019

## **COVER LETTER**

TO:	Registration Section Division of Corporations	•	
SUBJ	ECT: Name of L	imited Liability	(Company
DOC	UMENT NUMBER: L11000112268	mined Diability	- Company
The er for fili	nclosed Resignation of Registered Agen ng.	t for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning the	nis matter to t	ne following:
PHILI	IP JOSEPHSON		
	Name of Person	<del></del>	-
STEF	RLING BUSINESS LAW		
	Name of Firm/Company		
2665	S. BAYSHORE DRIVE, PH2B		
	Address	<del></del>	•
MIAM	II, FL 33133		
	City/State and Zip Code		
pjose	phson@sterlingbusinesslaw.com		
E-	mail address: (to be used for future annual report	rt notification)	
For fur	ther information concerning this matter	. please call:	
PHILI	P JOSEPHSON	., 305	2857970
	Name of Person	Area Code	Daytime Telephone Number
паоти	ed is a check made payable to the Floric y company or \$25.00 for an administrati y company.	da Departmen ively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAIL	ING ADDRESS:	STREE	ET ADDRESS:
	ration Section	Registration Section	
DIVISIO	on of Corporations	Division of Corporations	

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the u	ndersigned,
STERLING BUSINESS LAW	hereby resigns as
Name of Registered Agent	Hereby resigns as
Registered Agent for ELSA-MARIE LLC	
Name of Limited Liability Company	
L11000112268	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabil.  The agency is terminated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which this statement is filed
If signing on behalf of an entity:	SUCR APR
PHILIP JOSEPHSON/STERLING BU	USINESS L 6 1
Typed or Printed Name	
PRESIDENT	
Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314