L11000122107

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/10/18--01032--004 **25.00

D. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Electric Vic "Limited Liability Company" (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:
Victor Wardle (Contact Person)
Electric Vic Limited Liability Company
2249 Jarvis CT
The Villages FL 32162 (Gity/State and Zip Code)
For further information concerning this matter, please call:
Regina Duffy at (352) 259 - 7053 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \text{S25 Filing Fee} \square \text{S55 Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 l	limited liability company as it appears on the records of the Florida Department
of State is: <u>Ele</u>	ctric Vic Limited Liability Company
2. The Florida docu	ment/registration number assigned to this limited liability company is:
1100012	2107
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 9/4/2018
4.1. Charlott	hereby withdraw/resign as a man of Person Resigning)
MGRM	(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
() has	lotte adam
Signature of Di	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

O.,