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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>ECONLAGE</u> DONGDINCEL  (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:
pano sacon/
(Contact Person)
Contact Person)  Governery y Common h es  (Firm Company)
(Firm/Company)
8200 Deron dainy ld
(Address)  ART RESTARY  ART RESTARY
(City/State and Zip Code)
For further information concerning this matter, please call:
PANO SALMI at (72) 330 1004 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\\$25 \text{ Filing Fee}\$ \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

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)

	e limited liability company			Department
of State is: E	ZOVILLAGE	DUNEDIN	LLC	·
2. The Florida doc	ument/registration number	assigned to this limite	d liability company i	s:
11300	000			1
3. The date this me	ember/manager withdrew/re	esigned or will withdra	aw/resign is: <u></u>	5/16
4. I, JAME (Print N	J DUR DA Name of Person Resigning)	, hereby withdr	aw/resign as a	
	16R (Print Title)			
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability co	mpany has been noti	fied of my
amu	EDuda issociating Member or Resi		TALLY TALLY Com	<b>5</b>
Signature of D	issociating Member or Resi	igning Manager	AUG 1 NETARY NHASSE	
Filing Fee:	\$25.00 (Required)			'n
=	\$30.00 (Optional)		STATE 3	D