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SEP 1.1 1895

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Elohim's Chosen LLC			
	mited Liability Con	npany)	
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for	filing.
Please return all correspondence concerning	g this matter to:		
Kathryn Sealey			
(Contact Person)		-	
		···	
(Firm/Company)			
311 SW 10 Terrace			
(Address)		_	
Hallandale, FL 33009			
(City/State and Zip Code)		_	
For further information concerning this mat	ter, please call:		20: SE TAL
Kathryn Sealey	954 at (242-7260	2015 SEP SECRET
(Name of Contact Person)	(Area Code	& Daytime Telepho	ne Nthiber) —
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State Fee & Certified Co	for:
STREET/COURIER ADDRESS:		MAILING ADDI	
Registration Section Division of Corporations		Registration Section Division of Corpo	
Clifton Building		P.O. Box 6327	· www.iio
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florid	da 32314

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)

sa. Eld	ne limited liability compan ohim's Chosen LLC	y as it appears on the records of the I	Florida Departm	ent
2. The Florida do	_	er assigned to this limited liability co	mpany is:	
3. The date this n	nember/manager withdrew	//resigned or will withdraw/resign is:	12/31/2014	
4. I, Kathryn Se (Print	Paley Name of Person Resigning)	, hereby withdraw/resign as	a	
Managing M	Member (Print Title)	<u>_</u> .	2015 SEC) TALL/	
of this limited I resignation in v	iability company and affirm vriting.	m the limited liability company has b	Seen ASSEE, F	ny
Signature of I	Dissociating Member or R	esigning Manager	I: 33 STATE LORIDA	Ö
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)