

L1300148874
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : VALEZAR & ASSOCIATES
 Account Number : I20150000092
 Phone : (305)252-5505
 Fax Number : (888)346-7187

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ELEMENTS STUDIO, LLC**

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SECRETARY OF STATE
 ALL INFORMATION FLORIDA

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AUG 17, 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elements Studio, LLC

(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:

Mirtha Almanzar

(Contact Person)

Valezar & Associates Inc.

(Firm/Company)

12485 SW 137th Ave Ste-206

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Mirtha Almanzar

(Name of Contact Person)

at (305) 252-5505

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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 limited liability company as it appears on the records of the Florida Department of State is: Elements Studio LLC

2. The Florida document/registration number assigned to this limited liability company is: L13000148874

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/30/2019

4. I, Kristin Weeks, hereby withdraw/resign as a
(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.

Kristin Weeks

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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