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√ (Red	questor's Name)	
(Ada	dress)	
(Add	dress)	_
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

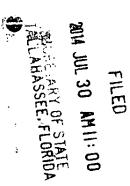
Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: E.V. Innova (Name of Limite)	tions LLC
(Ivanic of Emilie	Beautify Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning the	s matter to:
Jim Vasser (Contact Person)	
E.V. Innovations (Firm/Company)	LLC
501 South E 3	ót
Pensacola, FL (City/State and Zip Code)	32502
For further information concerning this matter,	please call:
- Jim Vasser :	at (<u>\$50</u>) <u>3844409</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to a \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

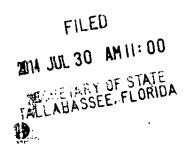
MAILING ADDRESS:

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

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)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	E.V. Innovations LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
_ L 140	00023408
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 7/21/14
	hereby withdraw/resign as a warme of Person Resigning)
Mana	9 CV (Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
M.P.	
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)