

U42000450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

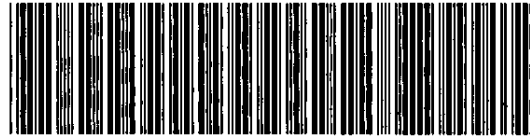
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300285111003

05/02/16--01024--020 **30.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -2 PM 5:51

MAY 03 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE HOME THEATERS & AUTOMATION, 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:

ROBERT C. GRAVES

(Contact Person)

(Firm/Company)

3109 GRAND AVE UNIT 223

(Address)

COCONUT GROVE, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT C. GRAVES

at **786 719-3537**

(Name of Contact Person)

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY - 2 PM 5: 51



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: ELITE HOME THEATERS & AUTOMATION, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000100450

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2015

4. I, RCG MEDICAL SUPPLY, INC., hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -2 PM 5:51

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