## 114000 104474

- (I	Requestor's Name)			
	Address)			
	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
()	Business Entity Name)			
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TALLAHASSEE, FLORIDA

DC 5/15

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:					
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociar	tion and fee(	(s) are submitted for filing.			
Please return all correspondence concerning the	nis matter to	<b>:</b>			
KRISHAN K GARG					
(Contact Person)		<del></del>			
(Firm/Company)	<del></del>	_			
8551 WEST SUNRISE BLVD, SUITE 10	1A				
(Address)	· · <u>-</u>	_			
PLANTATION, FL 33322					
(City/State and Zip Code)		<del></del>			
For further information concerning this matte	r, please call	l:			
KRISHAN K GARG	954 at (	636-6424			
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)			
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (2/14)		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAY | | PM 2: 49

## 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	s it appears on the records of th	e Florida Department
of State is: ELIX	(IR CLINICAL RESEARC	chcenter UC	·
2. The Florida docu		assigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	4/1 <b>9</b> /2015
ESY DESEVOUR II C			
(Print N	ame of Person Resigning)	, hereby withdraw/resign	us u
AUTHORIZE	D MEMBER		
	(Print Title)		
of this limited lial resignation in wri	pility company and affirm the ting.	he limited liability company ha	s been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	
RAVI BEHARA,	MEMBER, ESA RESEARC	H LLC	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		
CR2E079 (2/14)			