

L15000033049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

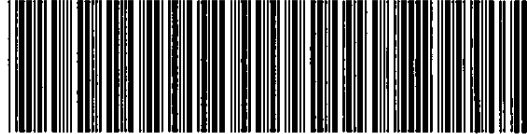
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/26/16--01017--018 \*\*25.00

AUG 29 2016

S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 26 PM 5:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eloah Films 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:

Anthony LaRocca  
(Contact Person)

Eloah Films LLC  
(Firm/Company)

114 Cherrywood Gardens Dr.  
(Address)

Maitland FL 32751  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony LaRocca at (330) 770-6274  
(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 AUG 26 PM 5:00



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: Eloah Films LLC

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

L15000033049

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/16

4. I, Riley ROSE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(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

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 26 PM 5:00