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COVER LETTER

SUBJECT: Elash Films LCC (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: Anthory LaRaca (Contact Person) Elash Films LLC (Firm/Company) 114 Cherrywood Gordens Dr. (Address) Maitland FL 32751 (City/State and Zip Code) For further information concerning this matter, please call: Anthory LaRaca at 330 770 - 6274 (Name of Contact Person) (Area Code & Daytime Telephone Number) Englosed please find a check made payable to the Florida Department of State for: (D'\$25 Filing Fee	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to: Anthory LaRacca (Contact Person) Elash Films LLC (Firm/Company) 114 Cheryward Gardens Dr. (Address) Maitland FL 32751 (City/State and Zip Code) For further information concerning this matter, please call: Anthory LaRacca 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: (D'\$25 Filing Fee	SUBJECT: Eloah Films, LLC (Name of Limited Liability C	ompany)
Anthony LaRaca (Contact Person) Elash Films LLC (Firm/Company) 114 Cherrywood Gardens Dr. (Address) Mattland FL 32751 (City/State and Zip Code) For further information concerning this matter, please call: Anthony LaRoca 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: (1825 Filing Fee \$\square\$\$\$\$ \$\$\square\$\$ \$\$\squ	The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Firm/Company	Please return all correspondence concerning this matter to	:
Maitland FL 3275 City/State and Zip Code For further information concerning this matter, please call: Arthory 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:	Anthory LaRocca (Contact Person)	
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 \$\square\$\$\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	Elouh Films LLC (Firm/Company)	
For further information concerning this matter, please call: Anthory 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: \$\Prec{\text{\$25}}{\text{ Filing Fee}} \text{\$\text{\$55}}{\text{ Filing Fee}} \text{\$\text{\$MAILING ADDRESS:}}{\text{Registration Section}} \text{Registration Section} \text{Division of Corporations} \text{Clifton Building} \text{\$\text{\$P.O. Box 6327}}		
Anthony LaRocca at 330 770-6279 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: (2) \$25 Filing Fee \$\Bigcup\$\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	Maitland FL 32751 (City/State and Zip Code)	
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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building S55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Anthory LaRocca at (330) (Name of Contact Person) (Area Coo	170 - 6274 le & Daytime Telephone Number)
Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P.O. Box 6327		
	Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32301

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	limited liability company as	it appears on the reco	ords of the Florida Department
of State is:	Floah Films	LLC	
	ment/registration number as	~	liability company is:
L1500	00033049	·	12/31/14
3. The date this me	mber/manager withdrew/res	gned or will withdraw	w/resign is:
4. I, Evely 1	1 MONESTINA ame of Person Resigning)	, hereby withdra	w/resign as a
amb R	Print Title)		
of this limited lial resignation in wri	· - ·	e limited liability con	npany has been notified of my
Chil			
Signature of Di	ssociating Member or Resig	ning Manager	N J
	\$25.00 (Required) \$30.00 (Optional)		FILED MORETARY OF ST