

L15000056226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

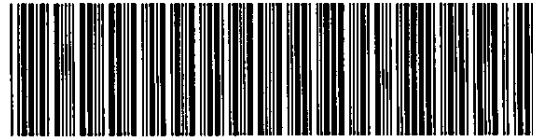
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

DEC 13 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARACHUTING ELEPHANTS 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 GILES**

(Contact Person)

**BRASS TAX INC**

(Firm/Company)

**322 BROADWAY**

(Address)

**KISSIMMEE, FL 34741**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ANTHONY GILES**

at ( 407 ) 846-1099  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2016 DEC 12 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: PARACHUTING ELEPHANTS LLC

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

~~L1500058288~~ L1500056224

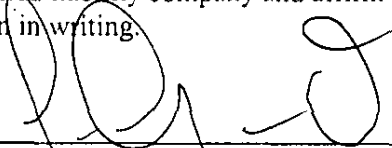
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/8/2016

4. I, JUAN G OSORIO HEREDIA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEMEBER

(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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