## 45000067924

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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15 JUN 15 AM II: 58
SECRETARY OF STATE

T. HAMPTON



## 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 record	s of the Florida Department
of State is: El	ite Built LLC		·
2. The Florida doc	ument/registration number as	signed to this limited lia	ibility company is:
L1500006792	24	<del></del> · .	
3. The date this mo	ember/manager withdrew/resi	igned or will withdraw/r	esign is: <u>05/30/2015</u>
4. I, <u>Avraham Le</u>	vy Jame of Person Resigning)	, hereby withdraw/	resign as a
_Manager	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compa	ny has been notified of my
Signature of D	issociating Member or Resign	ning Manager	15 J TALL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional) \( \nabla \)		RETARY OF STA