## L15000 190844

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M. MILLIGAN OCT 0 7 2016

## **COVER LETTER**

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CR2E079 (2/14)

_	ion of Corporations				
SUBJECT:	ELUXHAUS LLC				
	(Name of Limit	ted Liability Con	npany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return	all correspondence concerning t	his matter to:			
Ronald Tuc	:key		_		
	(Contact Person)				
ELUXHAUS	3 LLC		_		
	(Firm/Company)				
13316 Little	e Gem Circle		_		
	(Address)				
Fort Myers,	, Florida 33913		_		
***************************************	(City/State and Zip Code)		-		
For further information concerning this matter, please call:					
Darrin R Sc	chutt, Esq.	239 at (	540-7007		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\begin{align*} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \$\text{\$\te					
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		



## 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)

	limited liability company as	s it appears on the records of	f the Florida Department
2. The Florida doci L1500019084	ument/registration number as 4	ssigned to this limited liabil	ity company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resigned	gn is:
4. I, ROLAND PETER PUTZ  (Print Name of Person Resigning), hereby withdraw/resign as a			ign as a
(Print A	ame of Person Resigning)		_
Managing Me	ember		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified of my
Signature of D	issociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		FILL OCT