## LISCOLLOT 276

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phon	e #)
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2017 MAY = 5 PH 3: 5.1 SECRETARY OF STATE

K. SALY MAY - 9 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Crart Essentials Management (Name of Limited Liability Compa	any) Services, LLC
The enclosed member, resignation or dissociation and fee(s) a	are submitted for filing.
Please return all correspondence concerning this matter to:	
Taneka Dorsett (Contact Person)	
(Firm/Company)	
5330 NW21 Ct (Address)	
Lauderhill, FL 33313 (City/State and Zip Code)	
For further information concerning this matter, please call:	
	281-7447 Daytime Telephone Number)
Englosed please find a check made payable to the Florida Dep \$25 Filing Fee \$55 Filing F	partment of State for: ee & Certified Copy
Registration Section R Division of Corporations D Clifton Building P	AAILING ADDRESS: Registration Section Division of Corporations O.Box 6327 Callahassee, Florida 32314

CR2E079 (2/14)







## 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: <u>G</u> va	nt Essentials Management Services, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L150002	207276
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Apri 16,2016
4. I, Tanek	ame of Person Resigning), hereby withdraw/resign as a
Managir	Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Sallet	Drew H
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)