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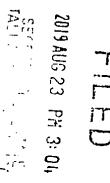
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## COVER LETTER

SUBJECT:\_\_ Name of Limited Liability Company DOCUMENT NUMBER: L16000091637 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LYSLEI CHIRICO Name of Person ELO ENTERPRISES, INC : Name of Firm/Company 4700 NW BOCA RATON BLVD STE 202 Address BOCA RATON, FL 33431 City/State and Zip Code ELOENTERPRISES@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14) :

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	isions of section 605.0115, Flor	rida Statutes, the unde	rsigned,			
ELO ENTERPRI	SES, INC		, hereby resigns as			
	Name of Registered Agent		, nereby resigns as			
Registered Agent for	MARBLAS COMPANY,	LLC				
				4		
	Name of Limited Lia	ability Company	1.	• • • • • • • • • • • • • • • • • • • •	,	
L16000091637						
Documen	at Number, if known					
A copy of this resign	nation was mailed to the above I	listed limited liability	company at its last kr	nown add	ress.	
The agency is terming	nated and the office discontinue	d on the 31st day after	r the date on which th	iis statem	ent is fi	led.
	<u> </u>	Us. Quent ture of Resigning Agent	<u>)</u>	TA:	2019 AUG	
If signing on béhalf o	of an entity:			•	2) 23	·
. ;	LYSLEI CHIRICO					
 i •		Printed Name	<del></del>		PM 3: 04	
	PRESIDENT		<del></del>		ဒ္မ	<u> </u>
	Capa	acity		wiji	Ŧ	
•				`		
	FILING FEES \$ 85.00 Acti \$ 25.00 Adm with	i: ve limited liability co ninistratively dissolve ndrawn limited liabili	ompany ed/ voluntarily dissol ty company	ved/		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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