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TALLAHASSEE. I LORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elite Services Malinited 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:
Ovare Swinde II (Contact Person)
Elik Services Unlimited LLC (Firm/Company)
3280 SE 107th Al (Address)
Ocala, FL 34480 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (307) (089 - 2833) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2}\$\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 records of the Florida Depart	rtment	
of State is: Elife Sequices Unlimited LLC	·	
2. The Florida document/registration number assigned to this limited liability company is:		
L16000103200		
3. The date this member/manager withdrew/resigned or will withdraw/resign is Onlay . 4. I,	'sai (O
(Print Name of Person Resigning) Member (Print Title)		
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	G-	SECRETAL TALL AHAS
Heit McCly	5 PM	SHOW THE SHOWEN
Signature of Dissociating Member or Resigning Manager	2: 56	TORROLL MAINE
Filing Fee: \$25.00 (Required)		,F2*

Certified Copy:

\$30.00 (Optional)