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SECRETARY OF STATE SHAPE ANASSEE, FLORIDA

D. SCOTT NOV 2 2 2015

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Elegant Cock? (Name of Limited Lin	tails, LLC ability Company)				
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	atter to:				
Consuelo F. Hida (Contact Person)	190				
Elegant Cock	tails, LLC				
(Firm/Company) 15075 5W 137 th St, (Address)	Unit# 12				
Miami, FL 33198 (City/State and Zip Code)	SECRI TALLA				
For further information concerning this matter, ple	All ASSEE CALL: 786, 395 - 63.395				
Consuele F. Hidalgo at (Name of Contact Person)	786) 395 - 6339 ⊋ Area Code & Daytime Telephone Number ₩				
Enclosed please find a check made payable to the \$25 Filing Fee \$\Bigsigmu\$\$	Florida Department of State for: 55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314					
2661 Executive Center Circle	rananassee, profica 32314				

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE 2:VISION 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 l	imited liability co	mpany as it a	ppears on	the records of	of the Flori	da Depart	ment
of State is: El	egant C	ockt	ails,	. 440			······································
2. The Florida docu	ment/registration	number assig	ned to this	limited liab	ility compa	ny is:	
L1600	018415	<u> </u>					
3. The date this mer	nber/manager witl	idrew/resigno	ed or will v	vithdraw/res	sign is: 🔟	-07-11	0
4. I. ROLANDO (Print No.	HIDALE une of Person Resigna		, hereby	withdraw/re	sign as a		
WANK	Print Title)	<u>.</u>					
of this limited liab resignation in wri		affirm the li	mited liabi	lity compan	y has been	notified o	f my
Signature of Dis	Heide sociating Membe		g Manager				
	3					IASE :	.
Filing Fee:	\$25.00 (Requir	ed)				CRE	き *
Certified Copy:	\$30.00 (Option	al)				E S	Z