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DATE:

7/26/18

NAME: ELM BASEBALL LLC

TYPE OF FILING: DISSOCIATION OR RESIGNATION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ELM BASEBALL LLC	
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
FRANK M. RUSSO	
(Contact Person)	
(Firm Company)	
5601 Powerline Rd., Ste. 103	
Ft. Lauderdale, Fl 33309 (City/State and Zip Code)	<del></del>
For further information concerning this matter, pleas	se call:
FRANK M RUSO at (9 (Name of Contact Person) (Are	27 ) 415 3636 va Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flox \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR21 079 (2.14)

Tallahassee, Florida 32301



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FLORIDA OR FOREIGN LIMITED LIABILITY COMPAN

(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:ELM_BASEBALL_LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000223428
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/25/2018
4. 1GREGG_WLASHER, hereby withdraw/resign as a *(Print Name of Person Resigning)
—MGR———————————————————————————————————
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Jung 4
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30,00 (Optional)