## L17000221049

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## **COVER LETTER**

TO: Registration Section	1		
Division of Corporations	*		
SUBJECT: A Personal EL (Name of Limi	F Jax LLC ted Liability Company)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to:		
Erica Carter (Contact Person)	<del> </del>		
(Firm/Company)	<u> </u>		
1152 Mikinlay Ct. (Address)			
TCVKSONVILL, FL 32205 (City/State and Zip Code)	<u> </u>	20 J	
For further information concerning this matter	er, please call:	는 15	
Evica Certer (Name of Contact Person)	at (904) 704-5703 (Area Code & Daytime Telephone Number)	20 JUL 16 MH10: 16	RY OF STATE
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy	n	IONS F
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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	e limited liability company as it appears on the records of the Florida D	epartment
of State is: A	Personal ELF Jan LLC	
	cument/registration number assigned to this limited liability company is $80114049$	<b>3</b> :
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 10 20	119
4. I. Fire (Print N	Name of Person Resigning), hereby withdraw/resign as a	VISION 20 JUL
Manage	er (MGR). (Print Title)	TARY OF
of this limited lia resignation in wr	ability company and affirm the limited liability company has been notifiting.	
Ela	Tho	₹.
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	