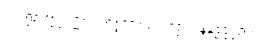
L17000257000

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400368012604





COVER LETTER

Division of Corporations Elite Dumpter LLC **SUBJECT:** (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: David Shoats (Contact Person) Elite Dumpster LLC (Firm/Company) 3707 E. Henry Ave (Address) Tampa, FL 33610 (City/State and Zip Code) For further information concerning this matter, please call: **David Shoats** 813 (Area Code & Daytime Telephone Number) (Name of Contact Person) Englosed please find a check made payable to the Florida Department of State for: ☑ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company as	s it appears on the records of	f the Florida	Departm	ent
		ssigned to this limited liabil	ity company	' is:	
Charatha Parnall		signed or will withdraw/resigned, hereby withdraw/resign		', 2021 —————	_
Manager	(Print Title)				
of this limited liability company and affirm the limited liability company h resignation in writing. Signature of Dissociating Member or Resigning Manager		has been no	01 NUL 19	ny .·	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		Yako	PH 12: 57	