117000257449

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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DIVISION OF CORPORATION

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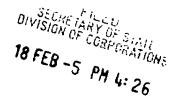
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations	
SUBJECT: Elik SH. E.	pott LLC
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
David Garcie (Contact Person)	
(Contact Person)	
Elik SA. Byruss, L	<i>ζ</i>
(Firm/Company)	
1761 Su 67 Ave	
(Address)	
Plantation P1 33317 (City/State and Zin Code)	
(City/State and Zip Code)	
For further information concerning this matte	•
David Garia (Name of Contact Person)	at (<u>954</u>) <u>471 - 6044</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 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 ap	opears on the records of the Florida Department
of State is:	lite S.A. Erports,	LLC.
2. The Florida doc	rument/registration number assign	ed to this limited liability company is:
	257449	1
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is: $\frac{12/25/17}{25}$
4.1. Hugo	Name of Person Resigning)	_, hereby withdraw/resign as a
Arthori	Zes Regresentative	-
of this limited lia resignation in wr		nited liability company has been notified of my
Hys & &	issociating Member or Resigning	
Signature of D	issociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	
Cerunea Copy:	\$50.00 (Optional)	