## L18 000060520

(Re	equestor's Name)			
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(Ac	idress)	<del></del>		
( )				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #	)		
	<u> </u>			
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)			
(De	ocument Number)			
Certified Copies	Certificates of	Status		
Sanaial Instructions to				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

_	stration Section ion of Corporations				
SUBJECT:	EV Elite Vehicles LLC				
SOBJECT.	(Name of Limit	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissocia	tion and fee(s	) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
Regina Will	iams		_		
	(Contact Person)				
EV Elite Ve	hicles LLC				
	(Firm/Company)	<del>-</del>	-		
8120 4th St	t. S				
	(Address)		-		
St. Petersb	urg, FL 33702				
	(City/State and Zip Code)		-		
For further information concerning this matter, please call:					
Regina Will	liams	866	359-0372		
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigs \text{\$\text{S25 Filing Fee}}\$\$  \text{\$\text{\$\text{S55 Filing Fee}}\$\$ & Certified Copy					
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



## 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)

of State is: EV E	Elite Vehicles, LLC	<del></del>
2. The Florida doct L1800006052	•	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, Elvira Golder	Tame of Person Resigning)	, hereby withdraw/resign as a
Manager	ume by t trans acceptance	
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
9m	~ by	_
Signature of Di	ssociating Member or Resig	<u>.s.</u>
	\$25.00 (Required) \$30.00 (Optional)	SECRETARY OF STALL MASSEE