L180000 79184

(Requestor's Name)
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(Add:)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Elite Construction Supp (Name of Limited Liability Comp	Ly LLC
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Gabriel Bernardini (Contact Person)	
Elite Construction Suppy, LLC	
7007 Nw 136th Street	
Gainesville FL 32653 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Gabriel Bernardini at (229) (Name of Contact Person) (Area Code &	200 4016 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De ☐ \$25 Filing Fee	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee (415 N. Monroe Street, Suite 810) Fallahassee, FL 32303



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	limited liability company as it appears on the records of the Florida Department
of State is: El	ite Construction Supply LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
L 180000	79184
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{07/31/2020}{2020}$
	·
AMBR	Authorized Member (Print Title)
of this limited liad resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
M	- .
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)