L18000151146

| (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: | | | |
| Q. SILAS | | | |
| MAR 0 4 2022 | | | |
| | | | |

Office Use Only



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02/28/22--010/2--011 **25.00

COVER LETTER

| TO: Registration Section | · |
|---|--|
| Division of Corporations | |
| SUBJECT: Element 26 Consulting, LLC | |
| | of Limited Liability Company) |
| The enclosed member, resignation or o | dissociation and fee(s) are submitted for filing. |
| Please return all correspondence conce | erning this matter to: |
| Bart Gatz | |
| (Contact Person) | |
| Element 26 Consulting, LLC | |
| (Firm/Company) | |
| 4897 S. Jog Road, Ste B | |
| (Address) | |
| Greenacres, FL. 33467 | |
| (City/State and Zip Code |) |
| For further information concerning this | s matter, please call: |
| Bart Gatz | 561 329-7151 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made pay S25 Filing Fee | yable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy |
| Mailing Address: Pagistration Section | Street Address: Pagistration Section |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| ramanassee, I L Jajia | Tallahassee, FL 32303 |

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)

| The name of the limited liability company as it appears on the records of the Florida Department of State is: Element 26 Consulting, LLC | | | |
|---|---|---|--|
| 2. The Florida d | | gned to this limited liability company is: | |
| 3. The date this | member/manager withdrew/resign | ned or will withdraw/resign is: | |
| | Randall Consulting, LLC nt Name of Person Resigning) | | |
| Manager | , , | | |
| | (Print Title) | | |
| resignation in | liability company and affurn the lwriting. Dissociating Member or Resignin | imited liability company has been notified of my Pulsadent RCI | |
| | S25.00 (Required) | ig manager / | |