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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: Carnesville Dance and Yoga, LLC (Name of Limited Liability Company)
The en	closed member, resignation or dissociation and fee(s) are submitted for filing.
Please	Sarah Ingley (Contact Person)
	Gainesville Dance and Toga LCC (Firm/Company)
	4002 NW 13+7-P1
	Gainesville, FL 32605 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Sarah Ingle at (352) 514-5199 (Area Code & Daytime Telephone Number)
	ed please find a check made payable to the Florida Department of State for: Filing Fee

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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 a	ppears on the recor	ds of the Flo	orida Departme	nt
of State is: Gaine	esville	Jance	# You	ga ZZ	
2. The Florida document/registratio	n number assigi	ned to this limited	iability com	pany is:	
L18010222	///	<u>_</u> ·			
3. The date this member/manager w	rithdrew/resigne	ed or will withdraw	/resign is: _	12-1-2018	5
4. I. Eljan E (Print Name of Person Resignation)	ning)	_, hereby withdray	:/resign as a		
AMBR (Print Title)					
of this limited liability company a	nd affirm the lin	mited liability com	pany has bec	n notified of m	ıy
resignation in writing					
Signature of Dissociating Memb	per or Resigning	Manager			
Filing Fee: \$25.00 (Requ	iired)				

Certified Copy: \$30.00 (Optional)