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SECRETARY OF STATE



COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Eola Digital La (Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Michael Wasson	
(Contact Person)	
(Firm/Company)	
424 E Central Blvd. Apt 1303 (Address)	
(Address)	
Orlando, RL 3280 [(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Mrchael Wasson	at (<u>407</u>) 873 -8886
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Pagintarian Section	MAILING ADDRESS:

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

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)

	limited liability company as E_0 on Digital UC	it appears on the records of the Florida Department
	ament/registration number as	signed to this limited liability company is:
4. I, Mrcha (Print N MGM	u Waston Jame of Person Resigning)	gned or will withdraw/resign is: 40 12 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
resignation in wri		e limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	