119000021457

| (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: | | | |
| | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|---|------------|
| SUBJECT: ELAKATOM LLC (Name o | f Limited Liability Co | ompany) | |
| The enclosed member, resignation or dis | | | , |
| Please return all correspondence concern | ning this matter to | : | |
| THOMAS ZOLKOS | | | |
| (Contact Person) | ······································ | _ | |
| ELAKATOM LLC | | | |
| (Firm/Company) | | _ | |
| 1767 LAKEWOOD RANCH BLVD # | 154 | | |
| (Address) | | | |
| BRADENTON, FL 34211 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this r | natter, please call | : | 20 F.: |
| THOMAS ZOLKOS | 248 at (| 719-2093 | 2019 FEB 7 |
| (Name of Contact Person) | | e & Daytime Telephone Nur | mber) |
| Enclosed please find a check made payar \$25 Filing Fee | | Department of State for: g Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS | |

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

CR2E079 (2/14)

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



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 a of State is: | ppears on the records of the Florida Department |
|---|---|
| The Florida document/registration number assig L19000021457 | ned to this limited liability company is: |
| 3. The date this member/manager withdrew/resigned JAMES LA MANNA | |
| 4. 1. (Print Name of Person Resigning) | , nereby withdraw/resign as a |
| MGR | |
| (Print Title) of this limited liability company and affirm the liresignation in writing. | |
| Knis M. ZZ | mited liability company has been notified of my |
| Signature of Dissociating Member or Resignin | g Manager |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)