L19000117209

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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C. GOLDEN JUL - 2 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ELAVESA LLC II (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Mimoza Agagyshi (Contact Person) 1/5 hi
Due Amil (Firm/Company)
2124 Edgewater Dr
Orlando FL 32804 (City/State and Zip Code)
For further information concerning this matter, please call:
MIMOZA AGAGYSMI at (407) 813 6925 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$ \$25 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 ap	pears on the records of t	he Florida Department	
of State is:	ELAVESA LLC		·	
2. The Florida docu	ment/registration number assign	ed to this limited liability	y company is:	
L190	00117209	<u>-</u> -		
3. The date this me	mber/manager withdrew/resigned	d or will withdraw/resign	1 is: 06/18/2019	
4.1, <u>Arbe</u> (Print N	n Brogi ame of Person Resigning)	, hereby withdraw/resig	n as a	
	7 R. (Print Title)			
of this limited lia resignation in wr	pility company and affirm the limiting.	nited liability company h	as been notified of my	
	3900 The Sew	<u></u>	20	
Signature of D	ssociating Member or Resigning	Manager	OF GI	T)
	\$25.00 (Required) \$30.00 (Optional)		ZOI9 JUN 21 PH 2: 2]