119000137576

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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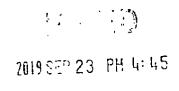
R. WHITE DIT 09 DIJ

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Alive Elite		
(Name of Limit	ted Liability Com	npany)
The enclosed member, resignation or dissocia	tion and fee(s)) are submitted for filing.
Please return all correspondence concerning to	his matter to:	
Jade Ingraham		
(Contact Person)		-
Alive Elite		
(Firm/Company)		-
20792 SW 129 AVE		
(Address)		•
Miami, FL 33177		
(City/State and Zip Code)		-
For further information concerning this matter	r, please call:	
Jade Ingraham	786	226-2649
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: Aliv	e Elite	
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
L1900013757	'6	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:
4. I. (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print)	Name of Person Resigning)	,
Manager		
<u> </u>	(Print Title)	
of this limited lia resignation in ye		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	