119000 144 496

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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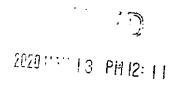
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COVER LETTER

TO:	_	stration Section ion of Corporations			
SUBJ	ECT:	Gracie Elite Navy Park LLC			
	(Name of Limited Liability Company)				
The en	nelosed	member, resignation or di	ssociation and fee(s	s) are submitted for filing.	
Please	return	all correspondence concern	ning this matter to:		
Wesley	' Mulve	v.			
		(Contact Person)		_	
		Gacle F (Firm/Company)	Elize Nav	y Park L.L.C	
1945 Fo	ox Quar	ry road			
		(Address)		_	
Canton	ment. F	lorida 32533			
		(City/State and Zip Code)		_	
For fur	rther in	formation concerning this	matter, please call:		
Wesley	Mulvey	;	850 at (5033507	
	(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos □ \$25		ase find a check made paya Fee		Department of State for: g Fee & Certified Copy	
	Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	





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 it appears on the records of the Florida Department ie Elite Navy Park LLC
2. The Florida doc L19000144496	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: May 9, 2020
4. I. Wesley Mulvey (Print N	, hereby withdraw/resign as a Jame of Person Resigning)
	Member/Manager
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	Secretary Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)