

L19000 212 777

(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:

Office Use Only



500337298025

11/22/19--01008--030 \$25.00

FILED

19 NOV 22 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



TSCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E&L HOLDINGS USA, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jeremy Thakurdin, Esq.

(Contact Person)

(Firm/Company)

P.O. Box 1192

(Address)

Windermere, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Thakurdin, Esq

407 285-4657

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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 appears on the records of the Florida Department of State is: E&L HOLDINGS USA, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000219777

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/19

4. I, LILIANE ZGHEIB, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
**19 NOV 22 AM 11:30**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA