119000251742

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

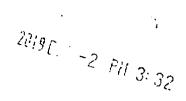
TO: Registration Section Division of Corporations	
SUBJECT: VOLTE ELITE (Name of Limited I	inbility Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
(Contact Person)	
(Firm/Company)	· <u> </u>
2875 SO(EAN	BlvD
Palm Beach, FL =	33480
For further information concerning this matter, p	lease call:
	561, 573-9377 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VOLPEEL/E, LLC.
<i>l</i>2. The Florida document/registration number assigned to this limited liability company is:
L19000251742
3. The date this member/manager withdrew/resigned or will withdraw/resign is: NOV 17, 201 4. 1. LISA GetSe(1) hereby withdraw/resign as a
(Print Name of Person Resigning) 7+1e manger - President (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: S25.00 (Required) Certified Copy: S30.00 (Optional)