12000092855

4

Office Use Only



300412725243

07/24/23--01015--018 **25.00

2023 JUL 24 AM II: 2

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: ELBOW ROOM OF SW FLORIDA	, LLC
(Name of Lim	sited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
THOMAS M. DRYDEN, ESQ.	
(Contact Person)	
THOMAS M. DRYDEN, P.L.	
(Firm/Company)	
1705 COLONIAL BOULEVARD, SUITE B-3	
(Address)	······································
FORT MYERS, FL 33907	
(City/State and Zip Code)	
For further information concerning this matte	r, please calt:
THOMAS M. DRYDEN, ESQ.	239 337-2001 _ at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
rananassee, no 52514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 of State is: ELB	e limited liability company as OW ROOM OF SW FLORIDA, LI	it appears on the records of the Florida E.C.)epartr	nent
		signed to this limited liability company is	s:	<u> </u>
DOWARD D	TNIST A AT	gned or will withdraw/resign is:, hereby withdraw/resign as a	1, 2023	3 —-
	(Prim Tide) bility company and affirm the	e limited liability company has been notif	Ind of	
resignation in wr	iting.	mined habitity company has been noth		my
	ssociating Member or Resign	ing Manager	2023 JUL 24	1 7 24 12 14
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		4 MH11: 2	771 245 25