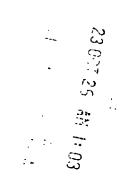
## 

(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:  J. HORNE				
NOV - 7 2323				
	_			





10/26/23--01014--016 ++25.00



## **COVER LETTER**

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TO: Registration Section Division of Corporations		
Eminence Elite LLC		
SUBJECT:		
(Name of Limit	ted Liability Com	pany)
The enclosed member, resignation or dissocia	tion and fee(s)	are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Maria Bhairosingh		
(Contact Person)		
Eminence Elite LLC		
(Firm/Company)		
3880 SW 48th AVE		
(Address)		
Pembroke Park, FL 33023		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Maria Bhairosingh	954 at (	448-2878
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida De	epartment of State for:
■ \$25 Filing Fee	☐ \$55 Filing	Fee & Certified Copy
Mailing Address:	<u> </u>	Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		The Centre of Tallanassee 2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company Eminence Elite LLC	y as it appears on the records of t	he Florida Department
	ument/registration numbe 00315374	er assigned to this limited liability	y company is:
.lemi	ma Lormeus	resigned or will withdraw/resign	<del></del>
(Print )	lame of Person Resigning)	, hereby withdraw/resign	11 as a
		the limited liability company h	as been notified of my
Signature of D	issociating Member or Re	signing Manager	
=	\$25.00 (Required) \$30.00 (Optional)		