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. (Red	questor's Name)				
(Add	dress)	 			
(Add	dress)				
(City	//State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
(Doc	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Section Division of Corporations	· A
SUBJECT: The Sr	10004 ELF LLC. imited Ligbility Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Carrie Soler (Contact Person)	
The Shobby Elf (Firm Company)	
4373 SWID place # 20	0+
Deerfield Read, FL. (Carystate and Lip Code)	· 33442
For further information concerning this ma	atter, please call:
Carrie Soler (Name of Contact Person)	at (341) 880 2758
Enclosed please find a check made payable	
☐ \$25 Filing Fee	✓\$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 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 The Snobby			ords of the Flo	orida Dep	artment	
87-190	ment/registration numbe						
3. The date this me	mber/manager withdrew/	resigned (or will withdraw	v/resign is: _	Septen	New 1,20	H
4. I, Induct	Martin ame of Person Resigning) By Jarran	, 1					
of this limited lial resignation in wri	pility company and affirmiting.	n the limit	ed liability com	ipany has bee	en notified		
Signature of Di	ssociating Member or Re	esigning M	lanager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						