121000448293

(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:				

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJE	Elite Home Consulting Services.	LLC	
		Limited Liability Co	ompany)
The end	closed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please r	return all correspondence concern	ing this matter to):
Allison M	Митау		
	(Contact Person)		_
			_
	(Firm/Company)		
2912 Las	Calinas Blvd		
	(Address)		<u> </u>
St. Augus	stine, FL 32095		
	(City/State and Zip Code)		
For furt	her information concerning this m	natter, please call	:
Allison M	turray	912 at (390-2069
	(Name of Contact Person)		e & Daytime Telephone Number)
	d please find a check made payab		
= \$23 I	Filing Fee	FJ \$55 Filin	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Fallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED

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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 a tome Consulting Services, LLC	s it appears on the records of the Florida Department
2. The Florida docu L21000448293	ument/registration number a	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: Kenneth Tucker
4. I. Kenneth Tucker (Print No.	ame of Person Resigning)	, hereby withdraw/resign as a
Manager	(Print Title)	
of this limited liab	pility company and affirm thiting.	he limited liability company has been notified of my
	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ining Manager