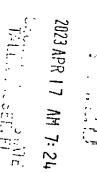
L22000419954

(F	Requestor's Name)	
(<i>F</i>	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAJL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
		
		·]
Special Instructions to	o Filing Officer:	
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Office Use Only



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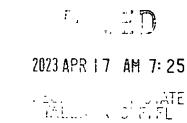


of 16/21/2023

COVER LETTER

Division of Corporations		
Elite Runway SUBJECT:		
	ed Liability Company)	
The enclosed member, resignation or dissocia	tion and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning t	nis matter to:	
Stephnye Weiss		
(Contact Person)		
Elite Runway		
(Firm/Company)		
2508 Fawn Run		
(Address)		
Oviedo, FL 32765		
(City/State and Zip Code)		
For further information concerning this matte	, please call:	
Stephnye Weiss	407 922-60 at ()	053
(Name of Contact Person)		me Telephone Number)
Enclosed please find a check made payable to	the Florida Departm	ent of State for:
\$25 Filing Fee	□ \$55 Filing Fee &	Certified Copy
Mailing Address;	Street A	
Registration Section Division of Corporations		ration Section of Corporations
P.O. Box 6327		entre of Tallahassee
Tallahassee, FL 32314		l. Monroe Street, Suite 81 issec, 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)

	The name of the limited liability company as it appears on the records of the Florida Department of State is:
2.	The Florida document/registration number assigned to this limited liability company is: L22000419954
3. 4.	
	(Print Name of Person Resigning) Manager (Print Title)
	of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Fi	Signature of Dissociating Member or Resigning Manager ling Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)