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COVER LETTER

TO: Registration Section		
Division of Corporations		
Elimdale Management Group, L		
(Name o	of Limited Liability Co.	mpany)
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to:	
Tom Bretz		
(Contact Person)		_
Elmdale Management Group, LLC		
(Firm/Company)		_
5301 Dempster St.		_
(Address)		
Skokie IL, 60077		
(City/State and Zip Code)		
For further information concerning this	matter, please cali	:
Patricia Kremser	224 at (627-0007
(Name of Contact Person)	(Arca Cod	e & Daytime Telephone Number)
Enclosed please find a check made pay	able to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations The Centre of Tallahassee
P.O. Box 6327		2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314		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)

Flmds	limited liability company as tle Management Group, LLC	s it appears on the records of	Tthe Florida Department
	nment/registration number a I/EIN Number37-1758768	ssigned to this limited liabil	ity company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	gn is:
. I, Patricia Kremser , hereby withdraw/resign as a			
(Print N VP	ame of Person Resigning)		
	(Prins Title)		
of this limited lial resignation in wr		he limited liability company	has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	TALLAHASS
	\$25.00 (Required) \$30.00 (Optional)		IT PH 1: 35