## K19CCCC41422

(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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SECRETARY OF STATE

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## **COVER LETTER**

TO:	_	stration Section ion of Corporations			
	DIVIS	ion of Corporations			
SUBJE	гСТ∙	RTTA LLC			
	LCI.	(Name of	Limited	Liability Cor	mpany)
The en	closed	l member, resignation or diss	ociatio	on and fee(	s) are submitted for filing.
Please	return	all correspondence concerni	ng this	matter to:	
THIAG	O IGOI	R DE ASSUNCAO			
		(Contact Person)			_
RTTA L	LLC				
		(Firm/Company)			_
201 LIZ	LANE				
	<u> </u>	(Address)			_
HARVE	EST, AI	35749			
		(City/State and Zip Code)			_
For fur	ther ir	nformation concerning this m	ıatter, p	olease call:	
THIAG	o igoi	R DE ASSUNCAO	at	256	326 8889
	(N	ame of Contact Person)		` <del></del>	& Daytime Telephone Number)
Enclose	ed ple	ase find a check made payab	le to th	e Florida I	Department of State for:
<b>■</b> \$25	Filing	g Fee		l \$55 Filin	g Fee & Certified Copy
		og Address:			Street Address:
	_	tration Section			Registration Section
		ion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee
		hassee, FL 32314			2415 N. Monroe Street, Suite 810
	i ana	1105500, 1 L 52517			Tallahassee, FL 32303



SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE AHASSEE. FI. DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department A LLC
2. The Florida doo	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, RUBENS DE A	SSUNCAO, hereby withdraw/resign as a Name of Person Resigning)
(Print) AUTHORIZED	
of this limited lia resignation in w	(Print Title) ability company and affirm the limited liability company has been notified of my riting.
Signature of D	sissociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)