## 1.03000016297

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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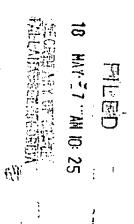
Office Use Only



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## **COVER LETTER**

_	on of Corporations		
SUBJECT:	PURAVIDA, LLC		
JOBOLO II	(Name of Limit	ed Liability Con	npany)
The enclosed	member, resignation or dissocia	tion and fee(s	) are submitted for filing.
Please return	all correspondence concerning to	his matter to:	
DAN KENN	EDY		
	(Contact Person)		-
PURAVIDA	LLC		
	(Firm/Company)		-
300 MONR	DE STREET		
	(Address)	·	-
HOLLYWO	OD FLORIDA 33019		
-	(City/State and Zip Code)	<del></del>	-
For further in	formation concerning this matte	r, please call:	
DAN KENN	EDY	954 at (	558-0407
(Na	ame of Contact Person)		& Daytime Telephone Number)
Enclosed plea  ■ \$25 Filing	ase find a check made payable to Fee		Department of State for: Fee & Certified Copy
Registration S Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

1. The name of the	limited liability company as i	t appears on the records of the Florida Department
of State is:	RAVIDA, LLC	
2. The Florida doc	ument/registration number ass	signed to this limited liability company is:
L0300001629	7	
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:
4. I, MICHAEL TURK  (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	Name of Person Resigning)	
MANAGING	MEMBER	
<del></del> .	(Print Title)	
resignation in wi		limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	