## L04000018350

(Requestor's Name)				
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(Cit	y/State/Zip/Phon	e #1		
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, PICK-UP	☐ WAIT	MAIL		
, <b>–</b>	<b>-</b>	<del></del>		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	1		
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Certified Copies	_ Certificate:	s of Status		
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Special Instructions to I	Filing Officer:			

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: R.B., LLC	
(Name of Limited	l Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Blaine C. Dickenson, Esquire	
(Contact Person)	
Dickenson, Rex & Sloan, P.A.	
(Firm/Company)	
980 N. Federal Highway., Suite 41	0
(Address)	
Boca Raton, FL 33432	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	<u>561</u> <u>391-1900</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
Land .	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	it appears on the record	s of the Florida Department
of State is: R.E	B., LLC	**************************************	•
2. This limited liab	oility company was organized of Florida	under the laws of:	
3. The Florida doc	ument/registration number of 8350	this limited liability cor	mpany is:
4. I, Bonnie F.	Tenay  Jame of Person Resigning)	, hereby resign as a	Manager & Member
of this limited lia resignation in wr	bility company and affirm the	e limited liability compa	· · · · ·
Johnie	f. Levan		
Signature of Res	igning Member Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Certified Copy:	aso.oo (Optionar)		