

LO6000117025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

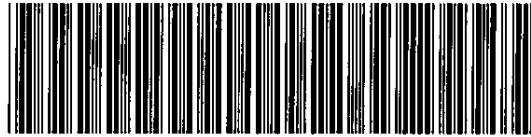
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700082669037

01/22/07--01015--016 \*\*55.00

FILED  
2001 JAN 22 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*al*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RV Transport LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ralph C. Valdes

(Contact Person)

RV Transport LLC

(Firm/Company)

P.O. Box 831981

(Address)

Miami, FL. 33283

(City/State and Zip Code)

For further information concerning this matter, please call:

Ralph C. Valdes

(Name of Contact Person)

at ( 305 ) 321-3607

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



\$25 Filing Fee



\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2001 JAN 22 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RV Transport LLC

2. This limited liability company was organized under the laws of:  
State of Florida

3. The Florida document/registration number of this limited liability company is:  
L06000117025

4. I, Rafael Valdes, hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2001 JAN 22 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA