## L08000047063

(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:		

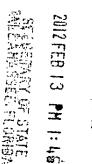
Office Use Only



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T. CLINE

FEB 14 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: RSA LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
SLAV STEIN	
(Contact Person)	
RSA LLC	
(Firm/Company)	
16295 NW 13TH AVE. STE A	12 FEB 13
(Address)	325 - 325 -
MIAMI, FLORIDA 33169	
(City/State and Zip Code)	
For further information concerning this matter, p	
SLAV STEIN at	305 944-7710
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it of State is:       RSA, LLC	t appears on the records o	f the Florida Department
2. This limited liability company was organized to FLORIDA	under the laws of:	
3. The Florida document/registration number of t L08000047063	his limited liability compa	any is:
<sub>4. I,</sub> ADRIAN PESCHL	, hereby resign as a _N	MGRM
(Print Name of Person Resigning)		(Print Title)
of this limited liability company and affirm the resignation in writing.  Signature of Resigning Member, Managing Member, Member		has been notified of my
Div. D. doctor (D. i. I)		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		

CR2E079 (5/06)