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## **\* COVER LETTER**

	egistration Section ivision of Corporations		
D.	ivision of Corporations		
SUBJEC	T:		
	(Name of	Limited Liability Con	npany)
The enclo	sed member, resignation or diss	sociation and fee(s	) are submitted for filing.
Please ret	urn all correspondence concerni	ng this matter to:	
CAROLY	/N KAHL		
	(Contact Person)		-
ROCA G	ONZALEZ P.A.		
	(Firm/Company)		-
3370 MA	ARY STREET		
	(Address)		-
MIAMI, F	FLORIDA 33133		
	(City/State and Zip Code)		-
For furthe	er information concerning this m	natter, please call:	
CAROLY	/N KAHL	305	859-6050
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed  \$25 Fil	please find a check made payab ling Fee		repartment of State for: Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
_	on Section of Corporations		Registration Section Division of Corporations
Clifton B			P.O. Box 6327
2661 Exe	cutive Center Circle		Tallahassee, Florida 32314
Tallahass	ee, Florida 32301		

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 of State is:	limited liability company as	it appears on the records of	of the Florida	Departmen	nt
2. The Florida doct	ument/registration number as 8	signed to this limited liabi	lity company	is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resi	12/31/ ign is:	2016	-
4. I, RIMMER CONSULTANTS CORP.  (Print Name of Person Resigning)					
MEMBER	ame of 1 erson Resigning)				
	(Print Title)	•			
of this limited lia resignation in wr	bility company and affirm the	e limited liability company	/ has been not	ified of m	у
	Jua:				
Signature of Di	ssodiating Member or Resign	ning Manager			
	\$25.00 (Required) \$30.00 (Optional)	,	CRETARY		1
			- ## - ##	ים ים	