

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : MARKO & MAGOLNICK, P.A.  
Account Number : 120050000186  
Phone : (305)285-2000  
Fax Number : (305)285-5555

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: Ligia@mm-pa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EL CUBO, LLC

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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 it appears on the records of the Florida Department of State is: RI Cabo, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L08000066663

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/19

4. I, Alina Garcia Barbon, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Sr VP/Sales  
(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

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