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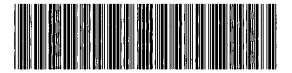
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COVER LETTER

	egistration Section ivision of Corporations	
SUBJEC	T: RB Squared, LLC (Name of Limited Liability	(Company)
The enclo	sed member, managing member or manager i	resignation and fee(s) are submitted for
Please ret	urn all correspondence concerning this matter	r to:
Damo	on A. Chase, Esq. (Contact Person)	·
Chase	e Freeman, P.A. (Firm/Company)	
250 ln	nternational Pkwy., Suite 330	
Lake I	Mary, FL 32746 (City/State and Zip Code)	
For further	er information concerning this matter, please	call:
Damo	(Name of Contact Person) at (Area (7 333-7337 Code & Daytime Telephone Number)
Enclosed	please find a check made payable to the Flori \$25 Filing Fee	ida Department of State for: \$55 Filing Fee & Certified Copy
Registrati Division of Clifton B 2661 Exe	COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap Squared, LLC	pears on the records of th	e Florida Departm	ent 	
2. This limited liabili Florida	ty company was organized und	er the laws of:	TALLAHASS	2009 HAR 30	
3. The Florida docum L08000084	nent/registration number of this 4542	limited liability company	EE. FLORID	PH 4: 1:	,
4. I, Richard B	rown ne of Person Resigning)	, hereby resign as a MC	SRM (Print Title)	7	
•	lity company and affirm the lim	nited liability company ha		my	
_MM	1				
Signature of Resign	ning Member, Managing Memb	oer or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				