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SECRETARY OF STATE
AND A SSEE, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: RRDJ. Le (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:
Danald Jahr (Contact Person)
Shots SPOIds BAr (Firm/Company)
5005 OCan Bead BlvD
GGR Berch F1 3293) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (321) 9/7. 033/ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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 appears on the records of the Florida Department $RRDI$ , $LLC$ .
	y company was organized under the laws of:
_	ent/registration number of this limited liability company is:
4. I, Oomle (Print Nam	e of Person Resigning), hereby resign as a (Print Title)
of this limited liabil resignation in writir	ity company and affirm the limited liability company has been notified of my
100	
Signature of Resign	ing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)