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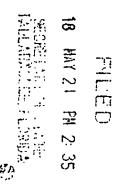
	Requestor's Name)		
(Address)		
(Address)		
	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
	.		

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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	
RVRLND PROPERTIES, LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Eric Boulianne	
(Contact Person)	
RVRLND PROPERTIES, LLC	
(Firm/Company)	
5351 SW 21ST COURT	
(Address)	
PLANTATION, FL 33317	
(City/State and Zip Code)	
For further information concerning this matter,	
ERIC BOULIANNEat	(469) 239-4322
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANS

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability company as it app	pears on the records of the Florida Departmen
of State is: RV	RLND PROPERTIES, LLC	36
2. The Florida do		d to this limited liability company is:
, MICHEL PA	ILHES	or will withdraw/resign is: 05/11/2018
(Print	Name of Person Resigning)	nereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited lie resignation in w	ability company and affirm the limit riting.	ed liability company has been notified of my
	· TO	
Signature of D	issociating Member or Resigning N	anager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	