110000 11583

(Requestor's Name)	
(Address)	500370076
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/13/21010370
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	1505/2021 H

Office Use Only



925

Ю5 **55.00

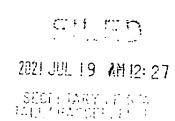
COVER LETTER

TO: Registration Section Division of Corporations	
INDUSTRIAL HARPS LLC SUBJECT:	
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
LUZ L MORENO	
(Contact Person)	
MORE ACCOUNTING PLUS TAX SERVICES INC	
(Firm/Company)	
2700 GLADES CIRCLE STE 106	
(Address)	
WESTON FL 33327	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
LUZ I. MORENO 954	218-5789
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee \$55	orida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

CR2E079 (2/14)







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

(Pursuant to 605.0216, Flórida Statutes)

	oility company as it appears on the records of the Florida Department
of State is:	RP LLC
2. The Florida document/regi:	tration number assigned to this limited liability company is:
3. The date this member/man	ger withdrew/resigned or will withdraw/resign is:
4.1, FRANCISCO BELDA (Print Name of Perso	, hereby withdraw/resign as a na Resigning)
MGRM	
(Print Title)	 ;
resignation in writing.	any and affirm the limited liability company has been notified of my
/\	Member or Resigning Manager
2	(Required) (Optional)