# LIIOOORIGSY

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2015 JUN -5 P 5: 4:
SECRETARY OF STATE

7JUN 0:5 2015 D. BRUCI

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: REK Golf Cars UC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rhade Kozyrs
(Contact Person)

701T (

533 S. Combee Road

Laldard (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(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

CR2E079 (2/14)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 FILED



### 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 l	imited liability company as	it appears on the records	of the Florida Department
of State is:	R Golf Car.	s UC	<del></del>
2. The Florida docum	ment/registration number as	signed to this limited lia	bility company is:
L110000	21654	•	
4.1, Stever (Print Na Manago	nber/manager withdrew/resi  Nogers  Ime of Person Resigning  Nember  Print Title)  illity company and affirm the	, hereby withdraw/r	esign as a
resignation in writ			•
Steven W.	Rom		
Signature of Dis	sociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2015 JUN - C SECRETARY TALLAHASSE