## LII 000054892

(Re	questor's Name	
(Ad	dress)	
·	·	
(Address)		
(Cit	y/State/Zip/Phor	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Na	me)
, ,	·	· i
(Do	cument Number	)
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## **COVER LETTER**

TO: Registration Se	ction		
Division of Cor	porations	•	
SUBJECT: RWM, LLC	(Name of Limited Liability Cor	npany)	
The enclosed member,	resignation or dissociation and fee(s	s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to:		
Laureen Mayer			
	Contact Person)	-	
	Firm/Company)	-	
,	(mireompany)		
4425 SW Port Way		t.	S S
	(Address)	-	2
Palm City, FL 34990		=	22 NCT     AN 5.1.1
(City	State and Zip Code)	- <u>x</u>	<b>=</b>
For further information	concerning this matter, please call:	<u>ڊ</u> <u>-</u>	Λ
Laureen Mayer	772 at (	260-6198	
(Name of Con	act Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a c ■ \$25 Filing Fee	heck made payable to the Florida D	Pepartment of State for: Fee & Certified Copy	
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	orations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

CR2E079 (2/14)



## 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 limit	ted liability company as it appears on the records of the Florida Departmen	nt
of State is: RWM Con	struction, LLC	
2. The Florida documer L11000054892	t/registration number assigned to this limited liability company is:	
3. The date this member	/manager withdrew/resigned or will withdraw/resign is:	
Laureen Mayer 4. I.	, hereby withdraw/resign as a	
	f Person Resigning)	
Managing Member		
(Print	Title)	
of this limited liability resignation in writing.	company and affirm the limited liability company has been notified of my	y
Laureck	Man	
Signature of Dissoci	nting Member of Resigning Manager	
	25.00 (Required)	
Certified Copy: \$.	0.00 (Optional) 22 OCT 11 A	
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CR2E079 (2/14)