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SECRETARY OF STATE
TAIL AND SECRETARY

J. SAULSBERRY EXAMINER NOV 0 8 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RCMS, LLC			
(Name of Limited I	∟iability Company)		
The enclosed member, managing member or mar filing.	nager resignation and fee(s) a	re submitted for	
Please return all correspondence concerning this	matter to:		
KEITH ATCHISON			
(Contact Person)			
RCMS, LLC			
(Firm/Company)			
3627 Amelia Island Lane		2011 NOV -7 SECRETAR) ALLAHASSI	6. regs
(Address)		NS.	*********
Davie, FL 33328		E	!
(City/State and Zip Code)		AM 9: 2 DESTATE	بد مسمع سر تیزان
For further information concerning this matter, pl	lease call:	: 28 ATE RIDA	
Keith Atchison at (754 422-5293		
(Name of Contact Person) (Area Code & Daytime Telephor	ne Number)	
Enclosed please find a check made payable to the	e Florida Department of State \$55 Filing Fee & Certified Copy	for:	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, Florid	on rations	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: RC	limited liability company as i	it appears on the records	s of the Florida	a Depa	rtment 	
2. This limited liab Florida	ility company was organized	under the laws of:				
3. The Florida doct 	ument/registration number of	this limited liability con	npany is:			
_{4. I,} Kara Atchi	son	, hereby resign as a	Managing	Mer	nber	
	ame of Person Resigning)		(Print T	itle)		
of this limited lial resignation in wr	pility company and affirm the ting.	limited liability compar	ny has been no	otified	of my	
Lanke	Uchn					
Signature of Resi	gning Member, Managing Me	ember or Manager		₽S	23	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ļ	ECRETARY OF STA	2011 NOV -7 AH 9:	