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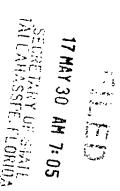
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

CR2E079 (2/14)

SUBJECT: RV-INVEST, LLC.
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Pina L Ferraira
(Contact Person)
Has Accounting Sucs Corp.
100 Wallace Ave Suite 245
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 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
Tallahassee, Florida 32301



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)

\sim	imited liability company as it appears on the records of the Florida Department of the Florida D	artment
<u>L11000</u>	ment/registration number assigned to this limited liability company is:	
4. I, Print Nam (Print Nam (Print Nam (Pr (Pr of this limited liabil resignation in writin	Print Title) Sility company and affirm the limited liability company has been notified	17 MAY 30 A
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)