## #1/1000134372

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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02/18/13--01012--018 \*\*25.00

STATE OF STATE

K.SALY EXAMINER FEB 19 2013

## **COVER LETTER**

Division of Corporations
SUBJECT: Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
(Firm/Company)
17855 Athorica Blus Atlact
Sunny toles Deach FI 33/60 (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:  \$\infty\$ \begin{align*} \text{\$\frac{1}{2}}
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

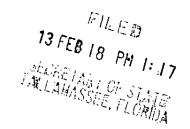
2661 Executive Center Circle

Tallahassee, Florida 32301

**TO:** Registration Section







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

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	rimpets LLC
2. This limited liab	oility company was organized under the laws of:
Horida	·
3. The Florida doc	ument/registration number of this limited liability company is:
L11000	134371
4. I, (Print N	hereby resign as a Myle (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Real	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)