## L12000001750

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: RFD Global, LLC   |   |  |
| (Name of Lin   | nited Liability Company)  |  |
| The enclosed member, resignation or dissoc   | ciation and fee(s) are submitted for filing.  |  |
| Please return all correspondence concerning  | g this matter to:   |  |
| Wesley R. Deason   |   |  |
| (Contact Person)   | <del></del>   |  |
|  |   |  |
| (Firm/Company)   |   |  |
| 13420 English Peak Ct.   |   |  |
| (Address)  |   |  |
| Jacksonville, FL 32258   |   |  |
| (City/State and Zip Code)  | <u></u>   |  |
| For further information concerning this matt   | er, please call:  |  |
| Wesley Deason  | 904 402-0102  |  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsim \frac{1}{2} \\$55 Filing Fee & Certified Copy     |   |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |

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                         | limited liability company as it appears on the records of the Florida Department      |
|--|---|
| of State is:                               |   |
| 2. The Florida doct<br>L1200000175         | ument/registration number assigned to this limited liability company is:              |
| 3. The date this me                        | mber/manager withdrew/resigned or will withdraw/resign is:                            |
| 4 Anke Deasor                              | homebu wish day w   |
| (Print N                                   | , hereby withdraw/resign as a ame of Person Resigning)                                |
| MGRM                                       |   |
|  | (Print Title)   |
| of this limited liab<br>resignation in wri | oility company and affirm the limited liability company has been notified of my ting. |
| State #                                    |   |
| Signature of Di                            | ssociating Member or Resigning Manager  |
| Filing Fee:                                | \$25.00 (Required)  |
| Certified Copy:                            | \$30.00 (Optional)  |