## 112000017367

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## **COVER LETTER**

Division of Corporations		
SUBJECT: R+D PAUING LC (Name of Dimited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Mancy Prosso (Contact Person)		
Paul Pauing, LLC (Firm/Company)		
1116 No. Lakeside Dr (Address)		
Lake Worth, FL 33460 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (541) 588-668 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{\$\frac{1}{2}}}\$\$ \$\frac{1}{2}\$\$ \$\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 (2/14)

2661 Executive Center Circle

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)

1. The name of the limited liability	company as it appears on the records of the Florida Department
of State is: R + D PA	ving, LLC.
2. The Florida document/registration	n number assigned to this limited liability company is:
L1200001736	<u>)                                    </u>
3. The date this member/manager v	vithdrew/resigned or will withdraw/resign is: MARCH 13, 2014
4.1, MATTHEW DON (Print Name of Person Resi	nell , hereby withdraw/resign as a gring)
Manael Merr (Print Title)	rlue.
of this limited liability company a resignation in writing.  Signature of Dissociating Mem	per or Resigning Manager  uired)
Filing Fee: \$25.00 (Req Certified Copy: \$30.00 (Opti	uired)