

(Requestor's Name)	
(Address)	500437136485
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/01/2401044029 **25.00
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	_	ion Section of Corporations			
CHR	JECT:	RLS	/TLH Hughes-	I, LLC	
300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of	Limited Liabi	lity Con	npany)
The e	enclosed me	mber, resignation or dis	sociation an	d fee(s) are submitted for filing.
Pleas	e return all	correspondence concern	ing this mat	ter to:	
		Robert Shelley			
		(Contact Person)			-
		(Firm/Company)			-
		2775 Sunny Isles Blvd # 11	8		
		(Address)			-
		North Miami Beach, FL 331	60		
	 .	(City/State and Zip Code)		_	-
For fi	urther infor	mation concerning this r	natter, pleas	e call:	
	R	tobert Shelley	at (305	936-0188
	(Name	of Contact Person)			& Daytime Telephone Number)
	osed please 25 Filing Fe	find a check made payal e			Department of State for: Fee & Certified Copy
	Division P.O. Box	ion Section of Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

of State is:	RLS/TLH Hughes-1, LLC				
2. The Florida doc	ument/registration number a L13000031835	ssigned to this limited liability company is:			
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:			
4	elby Capital Group, LLC	, hereby withdraw/resign as a			
(Print N	vame of Person Resigning)				
	MGRM				
	(Print Title)				
resignation in wr		ne limited liability company has been notified of my			
-					
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (2/14)