· (Re	equestor's Name)	
. (Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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03/23/15--01025--015 **125.00



COVER LETTER

Division of Corporations		
SUBJECT: Rhino Boca Rote (Name of Limited Liability Com	pany)	
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.	
Please return all correspondence concerning this matter to:		
Charles Jaffae (Contact Person)		
	LES JAFFEE, P.A.	
	PALMETTO PARK RD SUITE 305C	
	RATON, FL 33433	
(Address)		
·		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Charles Jaffee at (50) (Name of Contact Person) (Area Code of	2 10-7400 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FILED
2015 MAR 23 PM 4: 30
STATE OF STATE
AASSEE, FLORID

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

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

(Pursuant to 605.0216, Florida Statutes)

_	limited liability company as it appears on the records of the Florida Department
2. The Florida doct	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
_	hereby withdraw/resign as a me of Person Resigning) Thin Title
	bility company and affirm the limited liability company has been notified of my
Signature of Pi	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)