L13000137591

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

Office Use Only



600254020376

11/22/13--01007--009 **25.00

ZIII3 NOV 22 PH 3: 23

NOV 2 5 2013

COVER LETTER

Registration Section

Division of Corporations	
SUBJECT: Raymaker (Name of Limited Liabil	Publishing Group Le
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	ter to:
Barbara M. M. (Contact Person)	inor
Rammaker Ruble	shing Group LL
930 Windoma	ne W.
Venice, FL 34 (City/State and Zip Code)	285 TARNOV 22
For further information concerning this matter, please	
Dasbara M. Municial 9 (Name of Contact Person) (Area	
Enclosed please find a check made payable to the Flo 2 \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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: Of State is: Of State is:
2. This limited liability company was organized under the laws of:
tala Florida
3. The Florida document/registration number of this limited liability company is: L 13 000 13 75.91
4. I, Barbara M. Minuck hereby resign as a Marin Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Bardan M. Munon
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy: