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(Ād	dress)		
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COVER LETTER

TO: Registration Section Division of Corporations	
RD2 Consulting LLC SUBJECT:	
(Name of Limited Liabil	ity Company)
The enclosed member, resignation or dissociation and	d fec(s) are submitted for filing.
Please return all correspondence concerning this matt	er to:
R. Chris Davis	
(Contact Person)	
RD2 Consulting	
(Firm/Company)	
4 Lawrence Lake Dr	
(Address)	
Boynton Beach, FL 33436	
(City/State and Zip Code)	,
For further information concerning this matter, please	e call:
R. Chris Davis 561	846-1502
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo ■ \$25 Filing Fee	Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 appear	s on the records of the Florida Department	artment
of State is: RD 2	Consulting LLC		·
2. The Florida doc	ument/registration number assigned to	this limited liability company is:	
L14000015344			
3. The date this me	ember/manager withdrew/resigned or v	will withdraw/resign is:	
4. I. Troy L Raines (Print Name of Person Resigning)			200
(Print N	ame of Person Resigning)		, ••
Partner			.s) - 1
	(Print Title)		<u>.</u>
of this limited lia resignation in wr	bility company and affirm the limited iting.	liability company has been notified	of my
	12-31-15		
Signature of D	ssociating Member or Resigning Man	ager	
	\$25.00 (Required)		
Cerunea Copy:	\$30.00 (Optional)		