

L14000070993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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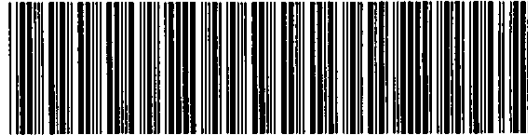
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 19 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REALITY CHECK LEGAL SOLUTIONS, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DANILLO JIMENEZ  
(Contact Person)

REALITY CHECK LEGAL SOLUTIONS, LLC  
(Firm/Company)

1001 IVES DAIRY RD, SUITE 206  
(Address)

MIAMI, FL, 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

DANILLO JIMENEZ at (305) 901-5505  
(Name of Contact Person) (Area Code & 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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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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: REALITY CHECK LEGAL SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L 1400020993

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/2/2014

4. I, ROBERT SALINAS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

REALITY CHECK LEGAL SOLUTIONS, LLC

**Filing Information**

**Document Number** L14000070993  
**FE/EIN Number** APPLIED FOR  
**Date Filed** 05/01/2014  
**State** FL  
**Status** ACTIVE

**Principal Address**

1001 IVES DAIRY ROAD  
SUITE 206  
MIAMI, FL 33179

Changed: 02/13/2015

**Mailing Address**

1001 IVES DAIRY ROAD  
SUITE 206  
MIAMI, FL 33179

Changed: 02/13/2015

**Registered Agent Name & Address**

SALINAS, ROBERT  
REALITY CHECK BUSINESS SOLUTIONS  
1001 IVES DAIRY ROAD  
SUITE 206  
MIAMI, FL 33179

Address Changed: 02/13/2015

**Authorized Person(s) Detail****Name & Address**

Title MGR

SALINAS, ROBERT  
1001 IVES DAIRY ROAD  
SUITE 206  
MIAMI, FL 33179

Title MGR

JIMENEZ, DANILO  
1001 IVES DAIRY ROAD  
SUITE 206  
MIAMI, FL 33179

**Annual Reports**

Report Year	Filed Date
2015	02/13/2015

**Document Images**

<a href="#">02/13/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">05/01/2014 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>
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