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(Re	questor's Name)			
(Address)				
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(C)	y/State/Zip/Phone	. 40		
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PICK-UP	WAIT	MAIL.		
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Certified Copies	_ Certificates	or Status		
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C. CARROTHERS

## **COVER LETTER**

	stration Section ion of Corporations					
SUBJECT:	River City Creative LLC					
	(Name of Limited Liability Company)					
The enclosed	I member, resignation or dissocia	ation and fee(s	e) are submitted for filing.			
Please return	all correspondence concerning	this matter to:				
Ian Otto						
	(Contact Person)		_			
	(Firm/Company)		_			
428 South	South Street					
	(Address)		-			
Neptune Be	each, FL 32266					
	(City/State and Zip Code)		_			
For further in	nformation concerning this matte	er, please call:				
lan Otto		904 at (	536-4962			
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed ple ■ \$25 Filing	ase find a check made payable to g Fee		Department of State for: 3 Fee & Certified Copy			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration Division of (			Registration Section Division of Corporations			
Clifton Build			P.O. Box 6327			
	ive Center Circle Florida 32301		Tallahassee, Florida 32314			

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)

	limited liability company as er City Creative LLC	• •	the Florida Department		
2. The Florida doct	ument/registration number as 9	ssigned to this limited liabilit	y company is:		
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign	7/14/14 n is:		
4. I, Ronnie Soud (Print Name of Person Resigning)					
MGR MBR					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the	e limited liability company h	as been notified of my		
thunge	L				
Signature of D	issociating Member or Resign	ning Manager	NOV 13		
Filing Fee:	\$25.00 (Required)				
	\$30.00 (Optional)		2:5 8:5 8:5 8:5		