(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City)	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500311092475

03/30/18--01009--027 **55.00

B FIGUEROA APR 0 2 2018

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	IECT: RAINDROPS ENTERPRIS	ES, LLC	
	(Name of Lin	mited Liability Con	npany)
The e	enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Mois	es Gilinski		
	(Contact Person)		_
			_
	(Firm/Company)		
287	Bal Cross Drive		
	(Address)		-
Bal I	Harbour, FL 33154		
	(City/State and Zip Code)		_
For fu	urther information concerning this mat	ter, please call:	
Mois	es Gilinski	305	606-6611
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
	hassee, Florida 32301		rananassee, rionaa 52514

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	s it appears on the records of the F	Plorida Departmer	ıt
2. The Florida doc L1400009127		assigned to this limited liability co	mpany is:	
4. I. <u>Moises Gilin</u>	ski	signed or will withdraw/resign is:, hereby withdraw/resign as		
of this limited lia resignation in wr		he limited liability company has b	cen notified of my	SECRETABLE SECRETABLE OF C
	\$25.00 (Required) \$30.00 (Optional)		PH 1:	OF STATE