# L1400137496

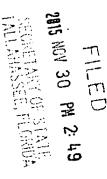
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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11/30/15--01018--022 \*\*25.00



#### COVER LETTER 2

**TO:** Registration Section Division of Corporations

SUBJECT:		
(Name of	Limited Liability Co	ompany)
The enclosed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	:
RITA RORTVEDT		
(Contact Person)		
RELOVABLES LLC		
(Firm/Company)		<u> </u>
16255 SE 92ND AVE		
(Address)		<del></del>
SUMMERFIELD FL 34491		
(City/State and Zip Code)		***
For further information concerning this n	natter, please call	:
RITA RORTVEDT	352	274-8332
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payab ☐ \$25 Filing Fee		Department of State for: ag Fee & Certified Copy
CTREET/COURSED ADDRESS		MAILING ADDRESS
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





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SEURETARY OF STATE FALLAHASSEE, FLORIDA

### 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 a	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
L1400013749	6	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
STEVEN A F	RORTVEDT JR	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	,,
MANAGER		
<del></del>	(Print Title)	
of this limited lia resignation in wr	• •	he limited liability company has been notified of my
Attu	Land	
Signature of D	ssociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	