L14000169085

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





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12/5/14

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
RVG Design & Construction	on LLC			
(Name of Limited Liability Company)				
The enclosed member, resignation or disse	ociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to:			
Giuseppe Romano				
(Contact Person)		_		
N/A				
(Firm/Company)		_		
968 Azure Lane				
(Address)		_		
Weston, Florida 33326		•		
(City/State and Zip Code)		_		
For further information concerning this ma	atter, please call:			
Giuseppe Romano	954 at (8490639		
(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payabl \$25 Filing Fee		Department of State for: g 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		



SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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	c limited liability company	as it appears on the records of the Florida Department
of State is:	G Design and Construction	on LLC
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L140001690	85	
3. The date this man	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I,		hereby withdraw/resign as a
(Print l	Name of Person Resigning)	, hereby withdraw/resign as a
MGRM		
	(Print Title)	
resignation in w	riting.	the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$2 % .00 (Required)	
Certified Copy:	\$30.00 (Optional)	