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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The RIO CAFE AND CONVENIENCE LUC (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:
Charles M. ADAMSON (Contact Person)
The RIO CAFE AND CONVENIENCE LLC (Firm/Company)
$\frac{111}{R_{10}} \frac{R_{10}}{\sqrt{Address}} \frac{\sqrt{A}}{R_{10}} \frac{DR_{10}}{\sqrt{A}}$
PUNTA GORDA, I-L 33950 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Adamson at (239) 633 3358 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$\frac{1}{2}\$\$ Filing Fee \text{\text{Certified Copy}}\$

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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 l	imited liability compa	ny as it appears	on the record	ds of the Flor	rida Departme	nt	
of State is:	he RIO	CAFE	AND	CON	venie	1CC	220
2. The Florida docum	ment/registration num	ber assigned to	this limited li	ability comp	any is:		
L14C	0017682	-5					
3. The date this men	nber/manager withdre	w/resigned or w	ill withdraw/	resign is:	FACLAHASSE	- 20	15
4. L. I. mothy (Print No.	me of Person Resigning)	, here	by withdraw	/resign as a	TI 15	2 pm 2 pm 5 pm 5 pm 5 pm 5 pm 5 pm 5 pm 5 pm 5	-
Partner	A	<u></u> .				[77]	
,	Print Title)				STATE		
	ility company and affi	rm the limited l	iability comp	any has been	n notified of m	ıy	
resignation in writ	ing.						
	//						
-6n							
Signature of Dis	sociating Member or	Resigning Mana	iger				
Filing Fee:	\$25.00 (Required)						
Certified Conv	\$30.00 (Ontional)						