L15000016161

(Re	equestor's Name)			
(Ac	ddress)			
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COVER LETTER

•	stration Section sion of Corporations		
SUBJECT:	RNR PRIME LLC		
	(Name of L	imited Liability Com	pany)
The enclosed	d member, resignation or disso	ociation and fee(s)	are submitted for filing.
Please return	all correspondence concerning	ng this matter to:	
GENE SPE	ENI		
	(Contact Person)		-
	(Firm/Company)		-
4710 SEAS	STAR VISTA		
	(Address)		-
DESTIN FI	_ 32541		
	(City/State and Zip Code)		-
For further i	nformation concerning this ma	ntter, please call:	
GENE SPE	ENI	850	424-5844
(5)	lame of Contact Person)		& Daytime Telephone Number)
Enclosed plo ■ \$25 Filing	case find a check made payable g Fec		repartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of	Section Corporations		Registration Section Division of Corporations
Clifton Buil	ding		P.O. Box 6327
	tive 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)

	PRIMELLO	it appears on the record	s of the Florida Department
2. The Florida docu L1500001616	iment/registration number a	ssigned to this limited lia	ability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/t	resign is:
GENIE SDEN			
Authorized Pe	erson		
	(Print Title)		
resignation in writer and the second			any has been notified of my
2.1.1.1			A ID