

L 15000021416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RGP4 SHOW, LLC / L15 0000 21416
(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:

RAMON GONZALEZ
(Contact Person)

RGP4 SHOW, LLC
(Firm/Company)

3020 NE 41st TER. # 111
(Address)

HOMESTEAD, FL 33033
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Gonzalez at (305) 982-7862
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 2:30

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 limited liability company as it appears on the records of the Florida Department of State is: REP4 SHOW, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L150000 21 416

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/22/15

4. I, RAMON GONZALEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

PRES / MGR / 50% OWNER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)