L150000035676

| (Re | equestor's Name |) |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| /Bu | siness Entity Na | me) |
| | | |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100271959231

resignation of member

04/23/15--01018--013 **25.00



4/29/15

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: RED FOLIO LLC (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: |
| PIROSKA PAZAUREK (Contact Person) |
| REDFOLIO LCC (Firm/Company) |
| 413 OAK RIVER D1. (Address) |
| $\frac{PORT ORANGE/\mp L}{(City/State and Zip Code)}$ 32127 |
| For further information concerning this matter, please call: |
| Cabon Tovani Nagy at (386) 624 5948 (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 \$\sum \\$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2115 APR 23 PM 4: 56

SECT. TARK OF STATE

FALLS HASSEE, FLORIDA

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: | REDFOLIO LLC |
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| L150000 | ` |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: $\frac{4/15/201}{3}$ |
| 4. I, <u>GABOR</u> | TOVARI NACY, hereby withdraw/resign as a lame of Person Resigning) |
| | EMBER (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| | |
| Signature of D | issociating Member or Resigning Manager |
| | |
| | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |