L15000075823

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

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Rental Income Club, LLC	
(Name of I	Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Lori Curley	
(Contact Person)	
(Firm/Company)	
1798 A Poolside Way	
(Address)	
Frederick, MD 21701	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Lori Curley	301 676-5633
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	le to the Florida Department of State for: \$\blue{100}\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

	limited liability company at	s it appears on the records of the Florida Department
	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I,		, hereby withdraw/resign as a
Manager	ame of Person Resigning)	
	(Print Title)	
of this limited lial resignation in wri		ne limited liability company has been notified of my
Lori	Curley	
Signature of Di	ssociating Member or Resig	ning Manager
	\bigcirc	F-: 3
	\$25.00 (Required) \$30.00 (Optional)	FILED