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(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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COVER LETTER

TO:	Registration Division of 0	Section Corporations			
SUBJI	THE RI	CAR PROJECT, LLC			
., .		(Name of Limited Lic	ibility Com	pany)	
The en	nclosed memb	per resignation or dissociation a	and fee(s)	are submitted for filing.	
Please	return all cor	respondence concerning this m	atter to:		
THOM	AS F. BRANDV	ZOLD			
		(Contact Person)			
THE R	ICAR PROJEC	rlic			22
		(Firm/Company)			0CT
8508 H	EATHER RUN	DRIVE N			22 OCT 11 AM
		(Address)			3
JACKS	ONVILLE, FL	32256			5: 40
		(City/State and Zip Code)			
For fu	rther informat	tion concerning this matter, ple	ase call:		
THOM	AS F. BRAND	7OLD 99	04	268-1152	
-	(Name of	Contact Person) (A	rea Code (& Daytime Telephone Number)	
	sed please tine 5 Filing Fee	d a check made payable to the \Box \$		epartment of State for: Fee & Certified Copy	
	Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite & Tallahassee, FL 32303	310

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)

	imited liability company as it appears on the records of the Florida De	partm	ent
2. The Florida docum £15000077572	nent/registration number assigned to this limited liability company is:		
4. IPREMIER WATE	the control of Person Resigning) 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022		_
MEMBER	rint Tide)		
of this limited liab resignation in writ	lity company and affirm the limited liability company has been notificing.	ed of i	ny :-
Signature of Dis	sociating Member or Resigning Manager	2 007 11	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	AH 5: 40	