L150000 83779

(Re	questor's Name)	
(Ad	dress)	
		
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RAX GENERAL MANAGE	EMENT	
(Name of L	imited Liability Co	ompuny)
The enclosed member, resignation or disse	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	:
RYAN BAROUH		
(Contact Person)		
RAX GENERAL MANAGEMENT		
(Firm Company)		_
3401 OAK AVENUE		
(Address)	·-····································	
MIAMI, FL 33133		
(City/State and Zip Code)		
For further information concerning this ma	atter, please cal	l:
RYAN BAROUH	305	849-1340
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed please find a check made payabl \$25 Filing Fee	le to the Florida \[\sum_ \\$55 \text{Fith} \]	Department of State for: ng 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 Fallahassee, 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)

1. The name of the l	limited liability company as i	it appears on the records of the Florida Depa	irtment		
of State is: RAX	GENERAL MANAGEMEN	NT	· · ·		
2. The Florida docu L15000083379	-	signed to this limited liability company is:			
3. The date this mer	mber/manager withdrew/resig	gned or will withdraw/resign is:	5		
		, hereby withdraw/resign as a			
MGR	Print Title)				
of this limited liab resignation in wri		e limited liability company has been notified	of my		
Signature of Dis	sociating Member or Resign	ning Manager	112	55	
~	\$25.00 (Required) \$30.00 (Optional)		ANASS	DEC -7	Zine.
			EE. FLO	PM 2: 3	
CR2E079 (2/14)			75 Zin	37	