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(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phone	; #)
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DIVISION OF CORPORATIONS 18 JAN 18 AH 10: 38

Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations

REMOVAL OF MANAGER

SUBJECT: ____

J

(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:

SCOTT PARKER

(Contact Person)

REDUX DEVELOPERS LLC

(Firm/Company)

2087 INDIAN RIVER BLVD

(Address)

VERO BEACH FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT PARKER	772	766-3333
	_ at ()
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Box\$ \$\\$25 Filing Fee & Certified Copy
\$\Box\$

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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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 **REDUX DEVELOPERS LLC** of State is: _____
- 2. The Florida document/registration number assigned to this limited liability company is: L15000139357

12-08-17

3. The date this member/manager withdrew/resigned or will withdraw/resign is: CARLOS J BONILLA

4. I. _____

______, hereby withdraw/resign as a ______.

MANAGER

(Print Title)

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

Carlos A Bmille

Signature of Dissociating Member or Resigning Manager

Filing Fee:

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