

L16000011989

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 31 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** R. G. Technology Consulting, 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:

Ruben L. Garcia

(Contact Person)

R. G. Technology Consulting, LLC

(Firm/Company)

65 VIA DE CASAS NORTE

(Address)

BOYNTON BEACH, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruben L. Garcia

(Name of Contact Person)

at 561 716-6005

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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  
Tallahassee, Florida 32314

FILED  
17 JAN 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 of State is: R. G. Technology Consulting, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000011989

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2017

4. I, ERIC B. SPIVACK, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

DocuSigned by:  
  
706B36C0A15045C

Signature of Dissociating Member or Resigning Manager

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

FILED  
17 JAN 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA