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SECRETARY OF STATE TALLAHASSTE, FLOT TA

APR 2 2 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.	JECT: RFB ADMII	NISTRATION	LLC
5020	· · · · · · · · · · · · · · · · · · ·	nited Liability Con	npany)
The e	enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
ALYS	SSON BOY BARBOSA DUARTE		
	(Contact Person)		-
			_
	(Firm/Company)		
3511	ACACIA ST		
	(Address)		-
JACI	KSONVILLE FL 32254		
	(City/State and Zip Code)		-
For fi	urther information concerning this matt	ter, please call:	
ALYS	SSON BOY BARBOSA DUARTE	508	250-2703
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Pepartment of State for: Fee & Certified Copy
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations P.O. Box 6327
	on Building Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		Tulianabov, Florida 5251 l

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	limited liability company as	it appears on the records of the Fl	orida Department
of State is:	RFB ADM	INISTRATION LLC	·
2. The Florida doc	•	signed to this limited liability con	npany is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: _	03/15/2016
4. I. MAF	RCO A. QUINTAO	. hereby withdraw/resign as a	1
(Print N	lame of Person Resigning)	hereby withdraw/resign as a	•
	AMBR		
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has be	APR 21
Signature of D	issociating Member or Resign	ning Manager	E. FLOTE
Filing Fee:	\$25.00 (Required)		B
Certified Copy:	\$30.00 (Optional)		