

L16000040629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

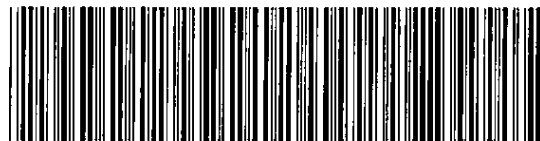
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/23--01025--019 **25.00

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2023 OCT 11 PM 2:58
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ralique Manor, 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:

Llewellyn Anderson

(Contact Person)

Ralique Manor, LLC

(Firm/Company)

6023 SW 154th Place Road

(Address)

Ocala, FL 33473

(City/State and Zip Code)

For further information concerning this matter, please call:

Llewellyn Anderson

at 718 974-8398

(Name of Contact Person) (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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: RALIQUE MANOR, LLC

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

L16000040629

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/21/2023

4. I, DERRICK N. ANDERSON, hereby withdraw/resign as a
(Print Name of Person Resigning)

MBRM
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

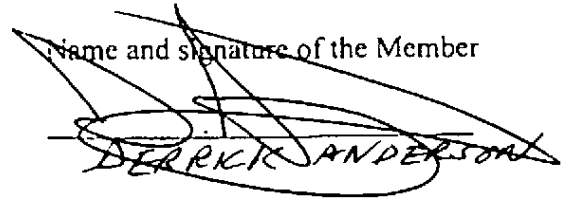
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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Resignation Letter

Please be advised that the effective date as of 9/2/23 The undersigned member of RALIQUE MANOR, LLC resigns as a Title MBRM. The Member acknowledges not to have any equitable interest in RALIQUE MANOR, LLC.

Name and signature of the Member

The signature is a stylized, handwritten name in black ink, appearing to read "DERICK ANDERSON". It is written over a horizontal line and is partially enclosed by a large, loopy flourish that extends upwards and to the left.