416000049119

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

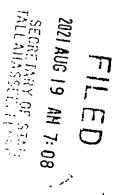
Office Use Only



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A CO



COVER LETTER

Division of Corporations		
SUBJECT: RAW LIMITED, L.C. (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:		
MicHAEL F. BELCHER (Contact Person)		
RAW LIMITED. LLC. (Firm/Company)		
3830. S. Highway AIA. Suite. 4-109.		
MELBOURNÉ BEACH. Fh. 32951. (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mother F. Belotter at (305) 798-1564. (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$25 Filing Fee \times Certified Copy		
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section



FILED 2021 AUG 19 AH 7: 08

SECRETARY OF STATE TALL AHASSEE, FLORE

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:
2. The Florida document/registration number assigned to this limited liability company is:
h16000049119
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $08 - 11 - 2021$
4. I. Tony MEWIMAN WONCE, hereby withdraw/resign as a (Print Name of Person Resigning)
MC-R (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)