1600102327

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificate:	s of Status
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2018 JAN 29 P 2: 28

D. SCOTT JAN 3 0 2018

COVER LETTER

Division of Corporations	
SUBJECT: Rick's Rides (Name of Limited	<u> </u>
(Name of Limited	i Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Daniel Diracles	2018 JAN 29 P 2: 28
Daniel Dincles (Contact Person)	
(Firm/Company)	2
535 E Tris D- (Address)	
Orange City FL 327 (City/Stake and Zip Code)	263
For further information concerning this matter,	please call:
Daniel Dunden a (Name of Contact Person)	t (<u>38C) </u>
(r.m.e or ognative strong	(The distribution of the control of
Enclosed please find a check made payable to to \$\overline{\psi}\$\$ \$25 Filing Fee	he Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
4 323 1 milg rec	a 355 Fining Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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)

					3
				· : :.	<u></u>
1. The name of the	limited liability compar	ny as it appears	on the records of the l	florida De	epartment
10	in the Oil			1 3	۔ م
of State is:	lick's Rides	446			
2. The Florida doc	ument/registration numb	per assigned to t	his limited liability co	mpány is	2: 2 9
1160001	12327			≥ •	ூ
				, ,	
3. The date this mo	ember/manager withdrev	w/resigned or wi	ill withdraw/resign is:	9/1/	17
4.1. Dariel (Print)	Tiendle, Jame of Person Resigning)	, here	by withdraw/resign as	a	
_ Owner	(Print Title)				
	(Print Title)				
of this limited lia resignation in wr	bility company and affiniting.	rm the limited li	ability company has b	een notifi	ied of my
16.1	Vint-				
Signature of D	issociating Member or F	Resigning Mana	ãei.		
Filing Fee	\$25.00 (Required)				
-	\$30.00 (Optional)				