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K. SALY EXAMINER

JUN 23

#### **COVER LETTER**

Division of	Section Corporations		
SUBJECT: RIKAI	RD CONSULTING, LLC		
(Name of Limited Liability Company)			
The enclosed memb	er, resignation or dissocia	ation and fee(	s) are submitted for filing.
Please return all cor	respondence concerning	this matter to:	
ROGER RIKARD			
	(Contact Person)		-
RIKARD CONSU	TING, LLC		
	(Firm/Company)		_
5946 NW BREND	A CIRCLE		
	(Address)		<b></b>
PORT SAINT LUC	XE, FL 34986		
	City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	<del></del>
For further informat	ion concerning this matte	er, please call:	
ROGER RIKARD		561	7165676
(Name of C	Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find □ \$25 Filing Fee	l a check made payable to		Department of State for: 3 Fee & Certified Copy
STREET/COURIE			MAILING ADDRESS:
Registration Section Division of Corpora			Registration Section Division of Corporations
Clifton Building	HUH		P.O. Box 6327
2661 Executive Cen Tallahassee, Florida			Tallahassee, Florida 32314

CR2E079 (2/14)



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### 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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doc L1600010712	ment/registration number assigned to this limited liability company is:
4. I, DANNETTE	, hereby withdraw/resign as a ame of Person Resigning)
AUTHORIZE	
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.  R. R. R. Robert Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)