## L1700004581

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	EXECUTIVE RIDE GROUP LL	С			
5000	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissociation	on and fee(	s) are submitted for filing.		
Please	e return all correspondence concerning this	s matter to:			
Smith	n Petit		_		
	(Contact Person)				
<u> </u>	(Firm/Company)		_		
4602	SW 160th Avenue #516				
	(Address)		_		
Mirar	mar, Fl. 33027				
	(City/State and Zip Code)		<del>-</del>		
For fi	arther information concerning this matter,	please call	:		
Smith	h Petit	954 ı (	601-6661		
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
	sed please find a check made payable to the Selling Fee		Department of State for: g Fee & Certified Copy		
Regis Divis Clifte 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

of State is:	CUTIVE RIDE GROUP LI		
2. The Florida docu	iment/registration number as	ssigned to this limited liability	company is:
L1700004258	1	•	
3. The date this me	 mbejr/manager withdrew/rés	igned or will withdraw/resign i	7/6/2018 is:
4. I. Smith Petit  (Print Name of Person Resigning)			
7. 1 (Print N	ame of Person Resigning)		
President			
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has	s been notified of my
	milh letit		20 1212
Signatur <del>e of D</del> i	ssociating Member or Resig	ning Manager	AHASS
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		The state of the s