## L1700050828

| (Requestor's Name)                      |
|---|
| (Address)                               |
| . (Address)                             |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



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S. WARREN JAN 0 5 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations

Taliahassee, Florida 32301

CR2E079 (2/14)

| SUBJECT: RDK DIST  | RIBUTION LUC   |
|--|--|
| (Name of Limi  | ted Liability Company)   |
| The enclosed member, resignation or dissocia                 | tion and fee(s) are submitted for filing.                              |
| Please return all correspondence concerning t                | his matter to:   |
| KENNETH JOHNS  | <u> </u>   |
| (Firm/Company)   |  |
| 823 SHEOA4 C   | IRCLE  |
| (Address)  |  |
| WINTER SPRINGS, (City/State and Zip Code)                    | FL32 708   |
| For further information concerning this matte                | r, picase call:  |
| KENNETH JOHNSON  | m 407 753-4499   |
| (Name of Contact Person)                                     | (Area Code & Daytime Telephone Number)                                 |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida Department of State for:  \$55 Filing 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 32314   |



## 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:  | POR DISTRIBUTION, LLC  |  |
| 2. The Florida document/registration number assigned to this limited liability company is:          |  |  |
| L 1700  | 000 50828  |  |
| 3. The date this mem  | ber/manager withdrew/resigned or will withdraw/resign is: DEC 31, 2017 |  |
| 4. I, KENHETHINGON, hereby withdraw/resign as a (Print Name of Person Resigning)                    |  |  |
| MEMBE<br>(P)  | E (C rmi Title)  |  |
| of this limited liability company and affirm the limited liability company has been notified of my  |  |  |
| resignation in writing.   |  |  |
| Sully Show.   |  |  |
| Signature of Diss   | ociating Member or Resigning Manager                                   |  |
| Filing Fee:   |  |  |
| Certified Copy:   | \$30.00 (Optional)   |  |
|   |  |  |
|   |  |  |

CR2E079 (7/14)

18 JAN -4 PH 1:21