L17000073138

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ALLAMASSEE BLOOM:

D SCOTT JUN 2 6 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R.C. Flooring (Name of Limited Li	Solutions, LLC ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Ryan Clff (Contact Person)	
R.C. Fluoring Solution	S, LLC.
807 NW Cornth Dr (Address)	JUN 23 PN 2: 50 E FARY OF STATE VHASSEE, FLORIDA
Lake City FL 32055 (City/State and Zip Code)	7: 50 NDA
For further information concerning this matter, ple	ease call:
Ryan Clff at (Name of Contact Person) (A	336) 365 - S/07 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐ \$	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 lin	nited liability company as it a	ppears on the records of the Flor	rida Department
of State is:	R.C. Flooring	Solutions, LL	<u> </u>
2. The Florida docum	ent/registration number assign	ned to this limited liability comp	any is:
L17000	073138	·	
3. The date this memb	oer/manager withdrew/resigne	d or will withdraw/resign is:	une 20,7017
4.1. <u>Geoffer</u>	y L Harrell e of Person Resigning)	_, hereby withdraw/resign as a	
<u>Secretary</u>	int Title)		
of this limited liabil resignation in writing		nited liability company has beer	notified of my
G-H.			
Signature of Disso	ociating Member or Resigning	Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FIL 17 JUN 20 SECRETARY TALLAHASSE