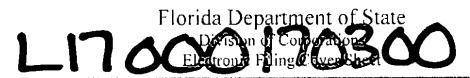
10/13/22, 12:06 PM

Page: 2 of 4

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000351722 3)))



H220003517223ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

 \exists

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118 : (305)260-6968 Phone : (786)513-7810 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RKR PRIME ENTERPRISES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

| A | - | 2201 |
|-------|---|------|
| ارازا | 1 | 2022 |
| | | |

Electronic Fifing Menu Corporate Fifing Menu

Help

Tallahassee, FL 32303

To:

COVER LETTER

2022-10-13 16:15:48 GMT

| TO: Registration Section | | | | | |
|-------------------------------------|------------------|---------------|----------------------------------|--|--|
| Division of Corporations | | | | | |
| RKR Prime Enterprises SUBJECT: | LLC | | | | |
| (| Name of Limited | Liability Cor | npany) | | |
| The enclosed member, resignation | n or dissociatio | on and fee(s | s) are submitted for filing. | | |
| Please return all correspondence of | concerning this | matter to: | | | |
| Paloma Duarte Pinha | | | | | |
| (Contact Perso | on) | | - | | |
| Contador USA Inc | | | | | |
| (Firm/Compan | у) | | - | | |
| 15805 Biscayne Blvd. ste 201 | | | ·: | | |
| (Address) | | | - 원 | | |
| North Miumi Beach | | | <u>)</u> | | |
| (City/State and Zip | Code) | | | | |
| For further information concerning | g this matter, p | lease call: | | | |
| Paloma Duarte Pinha | at | 30 5 | 260-6968 | | |
| (Name of Contact Person) | | | & Daytime Telephone Number) | | |
| Enclosed please find a check mad | e payable to th | e Florida D | epartment of State for: | | |
| □ \$25 Filing Fee | | | Fee & Certified Copy | | |
| Mailing Address: | | | Street Address: | | |
| Registration Section | | | Registration Section | | |
| Division of Corporations | | | Division of Corporations | | |
| P.O. Box 6327 | | | The Centre of Tallahassco | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | |

CR2E079 (2/14)

From; Paloma Duarte

* Page: 4 of 4

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: RKR | Prime Enterprises LLC | - 10 K |
|--------------------------------|--|-------------------------------|
| | ument/registration number assigned to this limited | |
| Joan Carlos Berg | | |
| 4. I, (Print N | hereby withdra , hereby withdra | w/resign as a |
| Manager | , | |
| | (Print Title) | |
| resignation in wr | | npany has been notified of my |
| Signature of D | ssociating Member or Rosigning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |