# L17000197378

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

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01/18/18--01017--007 \*\*25.00

J. HARRIS

RMWI LLC

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: RMW1 (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Richaed Walderker
(Contact Person)

RMWI LLC
(Firm/Company)

39539 MoRiak
(Address)

Gerlin Heights MT 48313

For further information concerning this matter, please call:

Lee Broyles at (25) 994 4647
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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)

	limited liability company as it appears on the records	of the Florida Department
of State is:	RMW1 LLC	·
617	ument/registration number assigned to this limited liab	
3. The date this me	ember/manager withdrew/resigned or will withdraw/res	sign is: 01/3//17
4. I. (Print)	ember/manager withdrew/resigned or will withdraw/resigned or will will will will will will will wil	esign as a
<b>A</b>	IGEL Grini Title)	
of this limited lia	bility company and affirm the limited liability compan	y has been notified of my
resignation in wr	iting.	
/ / /.		
	$\lambda$ $\ell$ .	Ç:
Signature of D	•	
4.8	associating manager	•
		<i>t</i> : :
Filing Fee:	\$25.00 (Required)	t <del>)</del>
Certified Copy:	\$30.00 (Optional)	