

L17000212833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

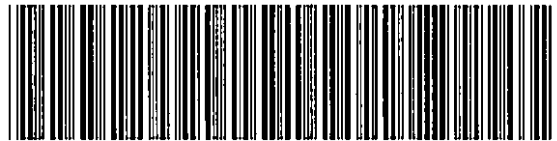
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000315406020

07/09/18--01035--00% **\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUL -9 AM 11:41

FILED

JCS
7/17/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Repriev, LLC

(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:

Kim Creech

(Contact Person)

Repriev, LLC

(Firm/Company)

321 Northlake Blvd, Ste. 106

(Address)

North Palm Bch, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Creech

(Name of Contact Person)

at (561) 312-1144

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 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



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: Reprieve, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
117000212833
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07.06.18
4. I, Yolanda Nieves, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2018 JUL -9 AM 11:41
TALLAHASSEE, FLORIDA

FILED