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COVER LETTER

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TO: Registration Section Division of Corporations		(PHI DEC 26 PH 4. 49
CARCIERGE, LLC SUBJECT:			STATE OF THE STATE
(Name of Limit	ed Liability Co	ompany)	0.5 F
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to	;	
Linda Dubroof			
(Contact Person)			
LT36, LLC			
(Firm/Company)		_	
28340 Terrazza Lane			
(Address)		<u> </u>	
Naples, FL 34110			
(City/State and Zip Code)		_	
For further information concerning this matter	, please call	:	
Linda Dubroof	202 at (329-1435	
(Name of Contact Person)	\	e & Daytime Telephone Number	-)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: g 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







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

CAF	limited liability company RCIERGE, LLC	as it appears on the records of the Florida Department
L1700021312	3	assigned to this limited liability company is:
3. The date this me Thomas McC	Ginnis	July 9, 2018 esigned or will withdraw/resign is:
(Print N Chief Marketi		hereby withdraw/resign as a
		the limited liability company has been notified of my
Signature of D	sociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	