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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section  Division of Corporations		
SUBJECT: RECTILES 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:		
R&C Tiles LLC-R. Xayier		
RECTIES LLC (Firm/Company)		
201 West Pierce Ave		
ORiando, FL 32809 (City/State and Zip Code)		
For further information concerning this matter, please call:		
R. XONIER at (516) 205-6512  (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 ☐ \$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 & ROMFLORIDA 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 grant gent of State is:
2. The Florida document/registration number assigned to this limited liability company is:  L 18 Q 0 0 0 2 2 4 0 4
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \( \frac{\text{TOLY 15\text{50}}{20\text{8}} \) 4. 1. \( \frac{\text{Rose \text{U} \cdot Couto}{\text{Couto}} \)——————, hereby withdraw/resign as a \( \text{(Print Name of Person Resigning)} \)  \( \frac{\text{TOLY 15\text{Table}}{\text{Option Title}} \)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)