118 0000 59508

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

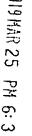


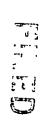


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AFT.





COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

RLD Ventures, LLC SUBJECT:		
	imited Liability Con	npany)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:	
Rachel Dahlgren		
(Contact Person)		_
RLD Ventures, LLC		
(Firm/Company)		-
18565 SE 24th Lane		
(Address)		-
Ocklawaha, FL 32179		
(City/State and Zip Code)		-
For further information concerning this ma	atter, please call:	
Rachel Dahlgren	321	214-9557
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable		•
S25 Filing Fee	□ \$55 Filing	Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		







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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it Ventures, LLC	appears on the records of the Florida Department
2. The Florida docu L18000059508	-	encd to this limited liability company is:
3. The date this mer	mber/manager withdrew/resign	ed or will withdraw/resign is:
Bruco Dablaro	on	
Member		
	Print Title)	
of this limited liab resignation in writ		imited liability company has been notified of my
Bruce	Dallgran	
Signature of Dis	ssociating M en iber or Resignir	g Manager
_	\$25.00 (Required) \$30.00 (Optional)	
3. The date this mer 4. I, Bruce Dahlgre (Print Na Member of this limited liab resignation in write Signature of Dis	mber/manager withdrew/resignen ame of Person Resigning) Print Title) pility company and affirm the lating. Secondaring Member or Resigning	and or will withdraw/resign is: , hereby withdraw/resign as a imited liability company has been notified of n