## 118000084558

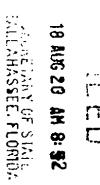
(Requestor's Name)	
(Address)	<u>.</u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## COVER LETTER

TO:	Registration Section			
	Division of Corporations		,	
SUBJ	Orlando RP, LLC			
0000	(Name of Limited	d Liability Con	pany)	355
The en	nclosed member, resignation or dissociati	on and fee(s	) are submitted for filing.	E. FLORIE
Please	e return all correspondence concerning the	is matter to:		RIO'S
	Plissa Hisman (Contact Person)		<del>-</del>	
	(Firm/Company)		-	
_12	85 SW. 116 th Way		-	
_D	QUIE Fl. 33325 (City/State and Zip Code)		-	
For fu	orther information concerning this matter,	please call:		
Melis	ssa Hisman	808 at (	392-7303	
	(Name of Contact Person)		& Daytime Telephone Nur	mber)
	sed please find a check made payable to 5 5 Filing Fee		Department of State for: Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS	:
_	gistration Section Registration Section vision of Corporations Division of Corporations		c	
	ion of Corporations on Building		P.O. Box 6327	3
	Executive Center Circle		Tallahassee, Florida 323	314
•	hassee, Florida 32301			

CR2E079 (2/14)

## Resignation of Member, Managing Member or Manager from a Limited Liability Company (LLC)

1.	The name of the limited liability company as it appears on the records
	Orlando RP LLC

- 2. The registration number of this limited liability company is:
  - L18000086558
- 3. I, MELISSA L HISMAN, hereby resign as a COO of this limited liability company and will not receive a buyout of any amount or consideration of any kind and do hereby swear that the above mentioned limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Date Mug. 13, 2618

Witness #1

Witness #2)