LECOH7518

(Requestor	's Name)	
(Address)		
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(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
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Certified Copies C	Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RBD Grap, LLC (Name of Limited Liability C	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to) :
(Contact Person)	<u>. </u>
A.C. McCaron CPA, PLLC (Firm/Company)	
1500 Bay Rd APT 1102	
Miami Beach, FL 33139 (City/State and Zip Code)	_
For further information concerning this matter, please cal	I:
(Name of Contact Person) at (786)	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida 2 \$25 Filing Fee	Department of State for: ng 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

Tallahassee, Florida 32301

CR2E079 (2/14)



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 F	lorida Department
of State is:	RBD Group LLC	
	ument/registration number assigned to this limited liability cor	mpany is:
L18000	147518	ج س
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	
4. I, Diego (Polni N	iame of Person Resigning), hereby withdraw/resign as	a
MG	(Print Title)	
of this limited lia resignation in wr	ibility company and affirm the limited liability company has be	een notified of my
Signature of Di	issociating Member or Resigning Manager	
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	