## 18000181659

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zipir Hone #)
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(Business Entity Name)
(Document Number)
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D CUSHING

## **COVER LETTER**

_	stration Section sion of Corporations				
SUBJECT:	The Red Man Group LLC				
	(Name of Limi	ted Liability Con	npany)		
The enclosed	d member, resignation or dissocia	ition and fee(s	) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
George W.	Miller				
	(Contact Person)		-		
	(Firm/Company)		-		
392 Tucke	Ct.				
	(Address)		-		
Gardnervill	e, NV 89406				
	(City/State and Zip Code)		-		
For further in	nformation concerning this matte	r, please call:			
George W.	Miller	407	920-2908		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	÷	
Enclosed ple  S25 Filing	ease find a check made payable to g Fee		Department of State for: Fee & Certified Copy	) - (A)	;
STREET/C	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section	87.22.29 9	
Division of C	Corporations		Division of Corporations		
	ding ive Center Circle Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314		

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)

Tho	limited liability company as	s it appears on the records of the Florida De	epartment	
2. The Florida docu L1800018165	•	assigned to this limited liability company is:	:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	19	
C 14/ A	#:0 =	, hereby withdraw/resign as a		
Authorized M				
	(Print Title)		70	; .
resignation in wr		he limited liability company has been notifi	ied of my	- · · ·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			··`