L18000 274 967

(0
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2719 COT 10 PH 4: 47

R. WHITE OCT 2.9 2019

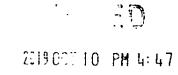
COVER LETTER

10:	_	ion of Corporations			
SUBJE	CT.	Red Right Returning LCC			
COOL		(Name of Limited Liability Company)			
The end	closed	member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please	return	all correspondence concernit	ng this matter to		
Felipe	de la	s Pozas			
		(Contact Person)			
Red R	ight F	Returning LCC			
		(Firm/Company)		_	
1515 F	alan	cia Avenue			
		(Address)		_	
Coral	Gable	es, FL 33146			
		(City/State and Zip Code)			
For fur	ther in	nformation concerning this ma	atter, please call	:	
Felipe	de la	s Pozas	305	662-8434	
-	(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclose \$25		ase find a check made payabl g Fee		Department of State for: g Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
		Section Corporations		Registration Section Division of Corporations	
Clifton		•		P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee. Florida 32301





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)

	Right Returning LCC
2. The Florida doc L1800027496	ument/registration number assigned to this limited liability company is: 7
4. I. Pierce Todd	, hereby withdraw/resign as a same of Person Resigning)
Manager - Pa	rtner
of this limited lie resignation in	bility company and affirm the limited liability company has been notified of my
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)