118 000 289 105

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

Office Use Only



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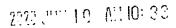
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C. GOLDEN JUN 2 5 2020

COVER LETTER

TO:	Regis	stration Section		-
	Divis	sion of Corporations		
SUBJI	ECT:	Ride4u LLC (Manager Resignation)		
		(Name of Lim	ited Liability Cor	mpany)
The en	closec	I member, resignation or dissoci		
Please	return	all correspondence concerning	this matter to:	
Tomas l	Bibilon	i		
	•	(Contact Person)		-
Ride4u	LLC			
-		(Firm/Company)		_
881 Oce	ean Dri	ve, Apt 18F		
		(Address)		_
Key Bis	scayne,	FL. 33149		
		(City/State and Zip Code)		_
For fur	rther is	nformation concerning this matt	er, please call:	
Tomas I	Bibilon	i	305497311° at (7 Any Time
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclos	ed ple	ase find a check made payable (to the Florida I	Department of State for:
□ \$25				g Fee & Certified Copy
	Mailie	ng Address:		Stucet Adduction
		stration Section		Street Address: Registration Section
	_	sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810
				Tallahassee, FL 32303





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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Tomas Bibiloni	, hereby withdraw/resign as a man of Person Resigning)
Manager	
·	Print Title)
resignation in wri	TOMAS hinjuli
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)