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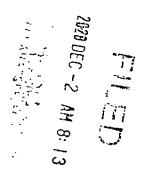
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	<u> </u>			

Office Use Only



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14N 2 0 2021 S. YOUNG

COVER LETTER

TO: Registration Section	
Division of Corporations	
R Dorian Heavy Hydro LLC SUBJECT:	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Paul Reilly	
(Contact Person)	
R Dorian Heavy Hydro LLC	
(Firm/Company)	
2361 Vista Parkway, Suite 7	
(Address)	
West Palm Beach, Florida 33411	
(City/State and Zip Code)	.
For further information concerning this matter	er, please call:
Paul Reilly	at (501) 719-102591
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	<u>-</u>
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Ştreet Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, 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)

1. The name of the of State is. R De	: limited liability company a rian Heavy Hydro LLC	s it appears on the records of the	Florida Department
2. The Florida doc 1.18000290990		ssigned to this limited liability ec	
		signed or will withdraw/resign is:	01/01/2020
4 Samuel Dosdou	tian	le conclusion and all discourses of	
(Print)	Same of Person Resigning)	, hereby withdraw/resign as	: :
Manager (MGR)			
	(Print Title)		
of this limited ha resignation in wi	bility company and affirm the	ne limited liability company has b	een notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25,00 (Required) \$30.00 (Optional)		7.620 DE(

CR2E079 (2/14)

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