L19 0000 29551

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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R. WHITE MAR 1 1 2020

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:		Pools		
The enclosed memb	per, resignation of	or dissociatio	on and fee(s	s) are submitted for filing.
Please return all co	rrespondence cor	ncerning this	matter to:	
Proberto	(Contact Person)	dez-M	loran	_
RFM	Holdings (Firm/Company)	s, Inc.		_
8600	NW 36 (Address)	Ave		_
Mian	ni , Fl (City/State and Zip C	33147		_
For further informa	tion concerning	this matter,	olease call:	
Roberto Ferr (Name of	Contact Person)	<u>`&</u> ∩at	(786 (Area Code) 468 – 9160 & Daytime Telephone Number)
Enclosed please fin ✓ \$25 Filing Fee	d a check made			Department of State for: g Fee & Certified Copy
Mailing Addr Registration Division of P.O. Box 63	Section Corporations 327			Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303



20214 18 P1112: 04

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:	limited liability company as it appears on the records of the Florida Department BRT Pols LLC
	ment/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 12/31/2019
(Print No	Fernandez-Movan, hereby withdraw/resign as a some of Person Resigning) Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	Potoston
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)