

L190000 70766

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rainy Day Surety, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nancy S. Goldston, Registered Agent  
(Contact Person)

Rainy Day Surety, LLC  
(Firm/Company)

339 Lakeshore Ct.  
(Address)

Polk City FL 33868  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy S. Goldston, Mgr. at (863) 602-0354  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
TALLAHASSEE, FLORIDA  
JUL 26 PM 4:42  
1-1-03



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2019 JUL 26 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Rainy Day Surety, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L19000070766
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 28, 2019
4. I, David W. Goldston, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Representative / Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

David W. Goldston  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

May 28<sup>th</sup>, 2019

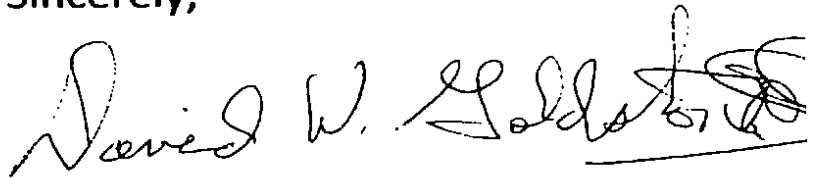
Rainy Day Surety LLC  
339 Lakeshore Ct.  
Polk City, FL 33868

RE: Resignation from LLC

To Whom It May Concern:

Please accept my resignation as a member/administrator of  
Rainy Day Surety, LLC. Health reasons dictate my decision.

Sincerely,

A handwritten signature in black ink, appearing to read "David W. Goldston", with a horizontal line underneath the name.

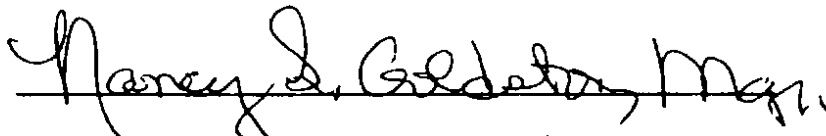
David W. Goldston, D.D.S.

## MEETING OF MEMBERS

On May 28<sup>th</sup>, 2019, a resignation letter from David W. Goldston, a member in good standing , was received and accepted in a meeting of the members and filed as an official part of the minutes of this meeting held on May 28<sup>th</sup>, 2019, at 4:00 p.m. at 339 Lakeshore Ct., Polk City, FL 33868.

Members present were David W. Goldston and Nancy S. Goldston.

The meeting was adjourned at 4:15 with no further business discussed.

  
Nancy S. Goldston, Member/Manager