## L19000093706

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ripcopl Cots LCC (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:
Stephen T. Benne H (Contact Person)
Prip Cupl Cuts LLC (Firm/Company)
2426 MAYPORT RD STE 3 (Address)
Atlantic Beach FL 32233 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen Benutt at (904) SO2-0016  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sigma\$ \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

2661 Executive Center Circle Tallahassee, Florida 32301

Clifton Building

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Registration Section

**Division of Corporations** 

MAILING ADDRESS

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

CR2E079 (2/14)



## 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 limited liability company as it appears on the records of the Florida Depart	tmei
of State is: Ripcopt Cuts 11C	<del></del>
2. The Florida document/registration number assigned to this limited liability company is:	
<u>L19000093706</u>	<u> </u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	
4. I, Shift A DOM hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.	f my
Signature of Dissociating Member or Resigning Manager	1
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)