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(Address)		
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PICK-UP WAIT MAIL		
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COVER LETTER

Division of Corporations	
BEST-WAY SHOP LLC SUBJECT:	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee((s) are submitted for filing.
Please return all correspondence concerning this matter to	:
CARLOS J RAMIREZ	
(Contact Person)	-
BEST-WAY SHOP LLC	
(Firm/Company)	_
6436 NW 104TH CT	
(Address)	_
DORAL, FL 33178	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
CARLOS J RAMIREZ 786 at (354 8822
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
■ \$25 Filing Fee □ \$55 Filin	ng Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
rananassee, fl. 52514	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability compan	y as it appears on the records of the Florida Department
of State is: BES	T-WAY SHOP LLC	<u> </u>
2. The Florida doc L19000113831	cument/registration numbe	er assigned to this limited liability company is:
3. The date this m	ember/manager withdrew.	/resigned or will withdraw/resign is:
4. I, RBC HOLDING	G GROUP LLC	, hereby withdraw/resign as a
(Print) MANAGER, MC		
	(Print Title)	<u> </u>
resignation in w	Thing.	m the limited liability company has been notified of my
Signature of D	Dissociating Member or Re	esigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	