LZO 0000 32326

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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CO	VER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: THE RAW NETWORK, LLC		
(Name of	Limited Liability Company)	
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filir	ıg.
Please return all correspondence concern	ning this matter to:	
YVETTE KENDRICK		
(Contact Person)		
(Firm/Company)		
9965 CYPRESS VINE DR		
(Address)		
ORLANDO, FL 32827		
(City/State and Zip Code)		
For further information concerning this	natter, please call:	
YVETTE KENDRICK	407 970-3433 at ()	20.
(Name of Contact Person)	(Area Code & Daytime Telephone N	Jumber) JUL 1
Enclosed please find a check made paya	ble to the Florida Department of State for:	- 5 TATE
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	7 - To 1
Mailing Address:	Street Address:	ATE STOR
Registration Section	Registration Section)
Division of Corporations P.O. Box 6327	Division of Corporation	
Tallahassee, FL 32314	The Centre of Tallahas 2415 N. Monroe Stree	

Tallahassee, FL 32303

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)

	• • •	as it appears on the records of the Florida Dep	artment
2. The Florida docu L20000032326	ument/registration number	r assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/r	resigned or will withdraw/resign is: 02/05/2020	
	ame of Person Resigning)	hereby withdraw/resign as a	SECHT
	(Print Title) Sullity company and affirm iting strong Member or Res	the limited liability company has been notified	CARY OF STATEMENT OF CO. CO. PORATIONS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		