L20000067729

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

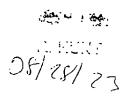




100414394891

08/28/23--01017--003 **55.00

2023 AUG 28 PM 12: LO



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RED BOW 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:		
Angela V. Cardenas (Contact Person)	2023 AUG	27.75
(Firm/Company)	AUG 28	EA OF
P.O. BOX 1598 (Address)	8 PM12: 40	CHASICA OF SEATURES
Dade City FL 33526 (City/State and Zip Code)	040	3; 2
For further information concerning this matter, please call:		
Angela V. Cardenas at (386) 589 - 2151 (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		

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DIVISION OF CONTROLS

JIPA AUG 28 PM

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

(Pursuant to 605.0216. Florida Statutes)

1. 115	Boste of Bode	:1::		spage on the	rayyyrdir yyf th	as Elevido De	martment
1. The name of the	ппписа пао	ицу сопр	any as n ap	pears on the	records or a	ic radition 12	-partinent
of State is:	RED G	<u>low</u>	LLC				·
2. The Florida docu	.ment/regist	ration nun	iber assign	ed to this lim	ited liability	company is	:
_L200	00067	729					
3. The date this me	mber/manaş	ger withdro	cw/resigne	d or will with	draw/resign	is: <u>08/</u> 2	<u>15/20</u> 23
4.1. Angela Print A	J. Conference of Person	-denas Resignings		_, hereby with	ndraw/resign	ı as a	
Authoris	ed Me (Prini Tille)	mber	·				
of this limited lia resignation in wr		iny and aff	īrm the lin	nited liability	company ha	is been notif	ied of my
andil	ul						
Signature of D			Resigning	Manager			
Filing Fee:							
Certified Copy:	\$30.00 (Optional)					