## 12000076129

(R	(equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	<del></del>
PłCK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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2022 SEP -6 AHII: 42



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Rhythm Pon De Grille, UC (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:		
Gary Scott (Contact Person)		
Rhythm Pon De Grille, UC (Firm/Company)		
5822 Grand Oro Lane, Sink 106 (Address)	2022	
(City/State and Zip Code)	2022 SEP -6	
For further information concerning this matter, please call:		
Cary Scott at (SST) 2091105 (Name of Contact Person) (Area Code & Daytime Telephone Number)	: 42	
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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)

	limited liability company as it appears on the re	•
2. The Florida docu	ument/registration number assigned to this limit	ed liability company is:
4.1. Kerta	ember/manager withdrew/resigned or will withd  Waterman , hereby withdrew of Person Resigning)	
of this limited liab	(Print Title) bility company and affirm the limited liability c	ompany has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	42