## L20000162897

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	<del>= #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
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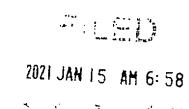
O SIMMONS FEB 23 2021

## **COVER LETTER**

TO:	_	stration Section ion of Corporations		
	DIVIS	non of Corporations		
SUBJ.	ECT:	Reliance Ridge, LLC		
		(Name of Li	mited Liability Cor	npany)
The er	nclosed	l member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please	return	all correspondence concernin	g this matter to:	
Kay (	Calien	do		
		(Contact Person)	<u> </u>	-
Allera	and Ca	apital, LLC		
		(Firm/Company)		-
675 lr	ndiant	own Rd; Suite 103		
		(Address)		_
Jupite	er, FL	33458		
		(City/State and Zip Code)		_
For fu	rther ir	nformation concerning this ma	tter, please call:	
Kay C	Caliend	do	561	427 6776
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple Filing	ase find a check made payable Fee		Department of State for: 3 Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
		Section		Registration Section
		Corporations		Division of Corporations
Cliftor		ing ive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
		Florida 32301		rananassee, Pionua 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 line of State is:	mited liability company as it appears on the records of the Florida Department ce Ridge, LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 12/08/20
4. I, Richard J. Sab	
manager, office	r
(Pr	rint Title)
resignation in writi	Lel .
_	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	·