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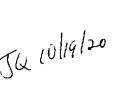
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RANAR DNITUER ENTER PRISE 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:
RANARO MELER (Contact Person)
RANARD MILLER ENTERPRISE LLC (Firm/Company)
12612 WOODBINE DR. (Address)
LIUOSOW 71 34667 (City/State and Zip Code)
For further information concerning this matter, please call:
Rawaro Miller at (727) 495-9512 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \text{\$\text{\$\text{\$55}} \text{Filing Fee} & Certified Copy} \end{align*}\$
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)

	ited liability company as it appears on the records of the Florida Department
of State is: RAN	MANOMALIER ENTERPRISE / LC
2. The Florida docume	nt/registration number assigned to this limited liability company is:
<u> 1300001</u>	93729
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: <u>Sep, 2,20</u> 20
4. I. Oulia Al (Print Name	ea, hereby withdraw/resign as a of Person Resigning)
N).G.R	nt Title)
of this limited liabilit resignation in writing	y company and affirm the limited liability company has been notified of my
Julia	Ollessigning Manager
Signature of Disso	crating premoci of Kesigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)