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Rec	questor's Name)			
(Add	dress)	_		
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(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				



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COVER LETTER

TO: Registration Section **Division of Corporations** Richards Investments, LLC **SUBJECT:** (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: Sandra Haas (Contact Person) (Firm/Company) 10724 184th Street (Address) McAlpin, Fl 32062 (City/State and Zip Code) For further information concerning this matter, please call: Mtchelle Richards (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: **Mailing Address:**

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

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



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	limited liability company as	s it appears on the records of the Flo	orida Department
of State is: Richa	ards investments, LLC		·
2. The Florida doc L20000266563	ument/registration number a	assigned to this limited liability com	pany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	/31/2022
(1 1 71		, hereby withdraw/resign as a	
member	(Print Title)		
		he limited liability company has bee	en notified of my
resignation in wr	Ming.		1. ізнік 22 SEP
Signature of D	issociating Member or Resig	gning Manager	9
•	\$25.00 (Required) \$30.00 (Optional)		PM 2: 43