## 20000287454

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PICK-UP WAIT MAIL						
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations		·			
		R&F ALLIANCE SERVICES LE	.C				
SUBJ	ECT:	ECT: (Name of Limited Liability Company)					
The e	nclosed	I member, resignation or diss	ociation and fee	(s) are submitted for filing.			
Please	return	all correspondence concerni	ng this matter to	·:			
ESTEE	BAN AE	DDEN					
		(Contact Person)  (Selan Alfan  (Firm/Company)					
235 Co	mmerci	al Blvd, Suite 201					
Lauder	dale By	(Address) The Sea					
	•	(City/State and Zip Code)	<del></del>	<del></del>			
For fu	rther is	nformation concerning this m	atter, please call	:			
RUBE	RMAN.	ARDON CHINCHILLA	954 at (	471-8002			
	(N	ame of Contact Person)		le & Daytime Telephone Number)			
	sed ple 5 Filing	ase find a check made payab g Fee		Department of State for:  ng Fee & Certified Copy			
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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

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

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of the Flo	orida Depa	rtment 	
		signed to this limited liability com	pany is:		
EDANKLININ .	The date this member/manager withdrew/resigned or will withdraw/resign is:				
AMBR	(Print Title)				
resignation in wr	riting.	e limited liability company has bee	TORE	2021 DEC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	4	•	 : ;