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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAF Enterprises 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:
(Contact Person)
RAF Enterprises LLC (Firm/Company)
3075 W. Oakland Park Blud. 108
Oakland Park F1 33311 (City/State and Zip Code)
For further information concerning this matter, please call:
Ryan Ford at (706) 254-7100 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 816Tallahassee, 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)

1. The name of the limited liability company as it appears on the records of the of State is: RAF ENTERPRISES LLC	Florida Department
2. The Florida document/registration number assigned to this limited liability co	ompany is:
L20000295552	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, Alberta resigning, hereby withdraw/resign as (Print Name of Person Resigning) Manager / VP (Print Title)	5 a
of this limited liability company and affirm the limited liability company has be resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	peen notified of injy