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2021 JUNIA AM 2: 26

COVER LETTER

Division of Corporations	
SUBJECT: RSB Dump and level (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:	
Harry Turnel (Contact Person)	
RSB Dump and level (Firm/Company)	
4936 SE Capstan Ave.	
Stuad FL 34997 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Harry Turnel at (772) 486-2308 (Area Code & Daytime Telephone Nur	nber)
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\text{S55}} \text{ Filing Fee & Certified Copy}\$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseTallahassee, FL 323142415 N. Monroe StreetTallahassee, FL 32303	ee

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	Florida De	partment
of State is:	RSB Dump	+ Lave	<u></u>		
	ument/registration number	•	s limited liability c	ompany is:	
. <u>L200</u>	0003240	53			
3. The date this me	ember/manager withdrew/re	signed or will	withdraw/resign is	·	
4. 1. Marga (Print N	VIT TURM elliame of Person Resigning)	, hereby	withdraw/resign a	s a	
Man	Open (Print Title)				
of this limited lia resignation in wr	bility company and affirm thing.	the limited liab	ility company has	been notifie	ed of my
\supset	$n \geq \ell$				9021
Signature of D	issociating Member or Resi	gning Manage	<u></u> г	· ·	
Filing Fee: Certified Copy:	\$25,00 (Required) \$30,00 (Optional)				AH 2:
				=:	26