

KZ10000 14448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

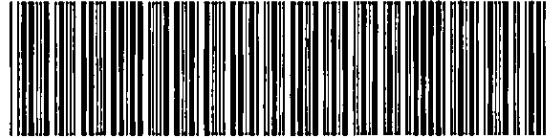
(Business Entity Name)

(Document Number)

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2021 APR 28 AM 6:08  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RICARDO DESIGN 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:

RICARDO RIVERA  
(Contact Person)

RICARDO DESIGN LLC.  
(Firm/Company)

4639 KEYSVILLE AVS  
(Address)

FLORIDA 34608  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICARDO RIVERA at (352) 701-6679  
(Name of Contact Person) (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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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 it appears on the records of the Florida Department of State is: RICARDO DESIGN LLC

2. The Florida document/registration number assigned to this limited liability company is:

14448 EIN# 83-2383573 L21000014448

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/23/2021

4. I, TIFFANY WADE, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

FILED  
2021 APR 28 AM 6:09  
TALLAHASSEE FLORIDA

Tiffany Wade

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) ✓  
Certified Copy: \$30.00 (Optional)



Dianne T. Murphy

DIANNE T. MURPHY  
Commission # GG 919156  
Expires November 24, 2023  
Bonded Thru Budget Notary Services