C21 0000 24768

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section TO: Division of Corporations Rapha Construction 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: Amilcar A Lopez (Contact Person) Rapha Construction LLC (Firm/Company) 501 Howard St E (Address) Live Oak, FL 32064 (City/State and Zip Code) For further information concerning this matter, please call: Marisol M Brown (Area Code & Daytime Telephone Number) (Name of Contact Person) Exclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ¹☑ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

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)

1. The name of the	limited liability company as it appears on the records of	of the Florida Department
of State is: Rapha	Construction LLC	·
2. The Florida docu £21000024768	ument/registration number assigned to this limited liabi	lity company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resi	ign is:
4. I, Juan M Cabrera I		sign as a
MGR	ame of Person Resigning	
	(Print Title)	72.
of this limited liab	oility company and affirm the limited liability company	has been notified of my
resignation in wri	iting.	: : :
Signature of Di	ssociating Member or Resigning Manager	: :: :23
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	