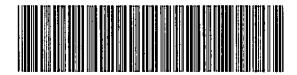
L21000110497

(Requestor's Name)
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SECREPARY OF STATE
TALLARIASSEF, FLORIO

COVER LETTER

Division of Corporations	
RP Builders, LLC SUBJECT:	
(Name of Lit	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
David Hatton	
(Contact Person)	
David L Hatton PA	
(Firm/Company)	
2960 Wentworth	
(Address)	
Weston, Florida 33332	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
David Hatton	786 373-8899 at ()
(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:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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)

	e limited liability company as BUILDERS, LLC		s of the Florida Dep	artment
2. The Florida doc £21000110497	cument/registration number a	ssigned to this limited lia	bility company is:	
DAVID HATTO	ember/manager withdrew/res ON Name of Person Resigning)			
resignation in w	(Print Title) ability company and affirm the riting. This sociating Member or Resignation		2021 APR 12 SECRETARY I TALLAHASSEE	l of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 1: 20 OF STATE J. FLORID/	Ö