LZ1000221326

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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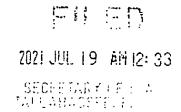
600370083196

08/05/2021 JH

COVER LETTER

_	ition Section of Corporations		
SUBJECT: RS	SBV PATHWAY LLC		
	(Name o	f Limited Liability (Company)
The enclosed m	ember, resignation or dis	ssociation and fe	e(s) are submitted for filing.
Please return all	correspondence concer	ning this matter t	o:
ROBERT HARRIS			
	(Contact Person)		
	(Firm/Company)		
215 ISLAND DRIV			
	(Address)		
JUPITER, FL 334	77		
	(City/State and Zip Code)		_
For further infor	mation concerning this r	natter, please cal	1:
ROBERT HARRIS		847 at (814-7150)
(Name	of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please	find a check made payat	ole to the Florida	Department of State for:
S25 Filing Fe	e	🗋 \$55 Filii	ng Fee & Certified Copy
Mailing Ac			Street Address:
	ion Section		Registration Section
P.O. Box	of Corporations		Division of Corporations The Centre of Tallahassee
	ee, FL 32314		2415 N. Monroe Street, Suite 810
· withing (400			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 it appears on the records of the Florida Department
2. The Florida doc L21000221326	eument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, SANDY SCHM	
MANAGER	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my riting.
All.	alell
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)