

# L21000352401

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/28/22--01022--024 \*\*25.00

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2022 DEC 28 PM 12:07  
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FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

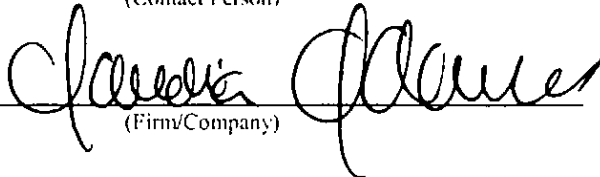
**SUBJECT:** RnQ Productions LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Claudia Adam

(Contact Person)



(Firm/Company)

1792 Riverwood Ln Coral Springs

(Address)

Florida 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Adam

(Name of Contact Person)

at ( 786 ) 3188084

(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: RnQ Productions LLC R & Q PRODUCTIONS LLC

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

Manager L21000352901

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/06/22

4. I, Enrique Adam, 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.

Signature of Dissociating Member or Resigning Manager

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

RECEIVED  
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DIVISION OF STATE  
CORPORATIONS, FL