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Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: corp@snyderlawpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **R&V COMPANY, LLC**

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COVER LETTER

TO: Registration Section Division of Corporations		
R&V Company, LLC		
	Limited Liability C	Сотрапу)
The enclosed member, resignation or diss	ociation and fe	e(s) are submitted for filing.
Please return all correspondence concerni	ng this matter t	o:
Yani Riveron, FRP		
(Contact Person)		_
Snyder & Snyder, P.A.		
(Firm/Company)		
7931 Orange Drive		
(Address)		
Davie, Florida 33328		
(City/State and Zip Code)		
For further information concerning this ma	atter, please cal	II:
Yani Riveron, FRP	954 at (475-1139 ext 205
(Name of Contact Person)	_ \	de & Daytime Telephone Number)
Enclosed please find a check made payabl \$\$\text{\$\ext{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\e		n Department of State for: ing 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
CP3E070 /3/LIV		

CR2E079 (2/14)

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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)

	limited liability company as	s it appears on the records of the	Florida Department
2. The Florida doc L21000397393	ument/registration number a	ssigned to this limited liability ec	ompany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	October 1, 2024
4. I, Dhyana Rodrigu	ez lame of Person Resigning)	, hereby withdraw/resign as	3 A
Manager			
_	(Print Title)		
of this limited lia resignation in wr		he limited liability company has b	ocen notified of my
(Tolline	M_{λ}		202 7A
Signature of D	ssocialing Member or Resig	gning Manager	2024 NOV -7
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		PH 5: 00
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