L21000406733

		
(Req	uestor's Name)	
(Addi	(PCC)	
(/ (33)	.000)	
(Addı	ress)	
(City/	(State/Zip/Phone #)	
☐ PICK-UP	WAIT	MAIL
(Busi	iness Entity Name)	
(Doci	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	iling Officer:	
	J DENNIS	
	ABB - 1 2023	

Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
RBA Developers, LLC	
SUBJECT:	
	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to:
Yohandry Rivera	
(Contact Person)	
(Firm/Company)	
880 w 20 Street	
(Address)	
Hialeah, FL 33010	
(City/State and Zip Code)	
For further information concerning this i	matter, please call:
Yohandry Rivera	786 302-2343
	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal □ \$25 Filing Fee	ble to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314



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 a	as it appears on the records of the Florida D	epartment
	·		·
2. The Florida doc L21000406733	ument/registration number	assigned to this limited liability company is	i :
		 May 15,	2023
3. The date this me Miguel A. A		esigned or will withdraw/resign is:	
4. I		, hereby withdraw/resign as a	
Print NA) Authorized M			
	(Print Title)		
of this limited lia resignation in wr		the limited liability company has been notif	ied of my
DocuSigned by:			
Signature of D	issociating Member or Resi	gning Manager	
			NOC 8202
_	\$25.00 (Required)		ر من سے
Certified Copy:	\$30.00 (Optional)		도 등

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