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Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT: Ren CRM, (Name) of Limited Lie	ability Company)
The en	nclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to:
	(Contact Person)	
	Ren CRM, LLC (Firm/Company)	
	5829 SW 8th P1 (Address)	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, ple	ase call:
	(Name of Contact Person) at (A	352 317 - 4566 Trea Code & Daytime Telephone Number)
	sed please find a check made payable to the 5 Filing Fee S	Florida Department of State for: 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:
2. The Florida document/registration number assigned to this limited liability company is:
L22000023600
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/10/2022
4. I, Allen Clemons, hereby withdraw/resign as a, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
am Ch
Signature of Dissociating Member or Resigning Manager

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