## L22000222057

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Danish Mumbar)                         |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

| _                       | istration Section   |                     |   |
|-------------------------|---|---------------------|---|
| Divi                    | ision of Corporations                                       |                     |   |
| SUBJECT:                | Revolutionary Events Groups LLC                             |                     |   |
| SUBJECT                 |   | mited Liability Con | mpany)  |
| The enclose             | ed member, resignation or disso                             | ciation and fee(s   | s) are submitted for filing.  |
| Please retur            | n all correspondence concernin                              | g this matter to:   |   |
| Gabriel R Ru            | iz  |                     |   |
|                         | (Contact Person)  | <u></u>             | _   |
| Revolutionar            | y Events Groups LLC   |                     |   |
|                         | (Firm/Company)  |                     | _   |
| 17096 Gold (            | Crest Loop  |                     |   |
|                         | (Address)   |                     | _   |
| Clermont, Flo           | orida. 34714  |                     |   |
|                         | (City/State and Zip Code)                                   |                     | _   |
| For further             | information concerning this ma                              | itter, please call: |   |
| Gabriel R Ru            | niz   | 203<br>at (         | 5811464   |
|                         | Name of Contact Person)                                     |                     | & Daytime Telephone Number)   |
| Enclosed p  ■ \$25 Fili | lease find a check made payabling Fee                       |                     | Department of State for: g Fee & Certified Copy                         |
|                         | iling Address:  |                     | Street Address:   |
| Div                     | gistration Section<br>vision of Corporations<br>D. Box 6327 |                     | Registration Section Division of Corporations The Centre of Tallahassee |
| Tal                     | lahassee, FL 32314  |                     | 2415 N. Monroe Street, Suite 810<br>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 F  | lorida Departi  | ment |
|----|--|-----------------|------|
|    | of State is:   |                 |      |
| 2. | The Florida document/registration number assigned to this limited liability con 122000222057   | mpany is:       |      |
| 3. | . The date this member/manager withdrew/resigned or will withdraw/resign is:   | 6/16/2022       |      |
|    | 1, Savannah Gotling, hereby withdraw/resign as, hereby withdraw/resign as  |                 |      |
|    | AMBR (D. 1-7774)   |                 |      |
|    | of this limited liability company and affirm the limited liability company has be resignation in writing.  Signature of Dissociating Member or Resigning Manager | een notified of | f my |
|    |  | ,               | 711. |

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy:

4 21 AM