

L220000444970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

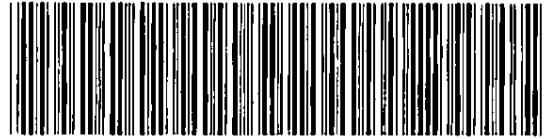
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RK VIP GROUP 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:

RODAS, RAFAEL A

\_\_\_\_\_  
(Contact Person)

RK VIP GROUP LLC

\_\_\_\_\_  
(Firm/Company)

1766 SW 154 AVE

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

MIAMI, FL 33185

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Enrique Nowogrodzki CPA

\_\_\_\_\_  
(Name of Contact Person)

954 261 2413  
at ( ) \_\_\_\_\_

(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: RK VIP GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is: L22000444970

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/30/2023

4. I, RODAS, JUAN E, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Juan E Rodas*  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

**SIGN HERE**

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

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