

L23 000 177 661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

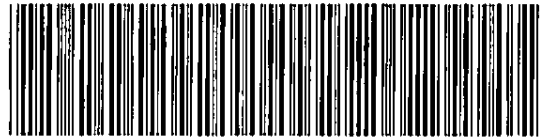
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RK DISASTER RESPONSE 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:

David Harosh

(Contact Person)

RK DISASTER RESPONSE LLC

(Firm/Company)

4555 NE 6TH AVE

(Address)

Fort Lauderdale, FL 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

David Harosh

at ( 754 ) 368-0447

(Name of Contact Person)

(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 DISASTER RESPONSE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000177661

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-4-2023

4. I, ARIEL A HERSHKOVICH SR, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2023 DEC 27 PM 6:06  
SEC. CLERK OF STATE  
TALLAHASSEE, FL