L23000223330

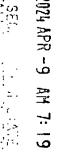
(Requestor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJE	RSS HUTCHINSON, LLC	
00202		nited Liability Company)
The en	closed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
Tiffan	ny Easley	
	(Contact Person)	
Sac	hs Sax Caplan PL	
	(Firm/Company)	<u> </u>
<u>6111 E</u>	Broken Sound Pkwy NW #200, Bo (Address)	ca Raton, FL 33487
	(City/State and Zip Code)	
For fur	ther information concerning this matt	er, please call:
Tiffan	ıy Easley	at (561) 994-4499
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	ed please find a check made payable t Filing Fee	o the 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 Flo	rida Department
of State is: RSS I	HUTCHINSON, LLC		.
2. The Florida docu L23000223230	ument/registration number assig	gned to this limited liability comp	oany is:
3. The date this me 4. I, RAUL A. RAMI	mber/manager withdrew/resign	gned to this limited liability comp ned or will withdraw/resign is: AF hereby withdraw/resign as a	2021 PRII, 2021 APR - 9
(Print Name of Person Resigning) MANAGER			9 14 7:
	(Print Title) bility company and affirm the liting.	imited liability company has been	
Raul Rav	nirez 3.29.2024		
Signature of Di	ssociating Member or Resigning	ng Manager	
_	\$25.00 (Required) \$30.00 (Optional)		