

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

Office Use Only

000412250460

07/17/23--01022--012 **25.00

Zera 17 PH 9: 4

R. HUNT 07/17/23

COVER LETTER

TO:	~	stration Section				
	Divis	sion of Corporations				
SUBJ	ECT:	RAPEMA LLC				
		(Name of	Limited Liability Co	mpany)		
The e	nclosed	d member, resignation or dis	ssociation and fee(s) are submitted f	or filing.	
Please	e return	all correspondence concert	ning this matter to:			
		(Contact Person)		_		
Auqui	псо Соп	p				
	•	(Firm/Company)		_	:3	
5035 I	Palm Av	enue			30 -	
		(Address)			PH SSE	
Hialea	h, FL 33	8012			PH 9: 47 OF STATE SSEE, FL	(₀ -
		(City/State and Zip Code)		_		
For fu	irther in	nformation concerning this r	natter, please call:			
Martin	de Eug	enio	561 at (2296589		
	(N	lame of Contact Person)	(Area Code	e & Daytime Teleph	none Number)	
	sed ple 5 Filing	rase find a check made payal g Fee		Department of Sta g Fee & Certified		
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	oorations	
	Talla	hassee, FL 32314		2415 N. Monroe Tallahassee, FL		0



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 of State is: RAPI	Elimited liability company as	s it appears on the records	of the Florida Department
2. The Florida docs L23000328496	ument/registration number a	ssigned to this limited liab	oility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	sign is:
4. I. JLC GROUP LL	.C lame of Person Resigning)	, hereby withdraw/re	esign as a
AMBR			
	(Print Title)		
of this limited lia resignation in wr	bifity company and affirm thiting.	ne limited liability compan	ny has been notified of my
Signature of D	JUM JUCG	RESP LLC	
Signature of 15	issociating Weinoer of Realig	ning Manager	~ 2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		973.2 17 17
			SSEE. S