# L23000356847

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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#### Doc

#### COVER LETTER ,

TO: Registr	ration Section		
Divisio	on of Corporations		
SUBJECT: R	RSWM GROUP, LLC		
<del>-</del>	(Name of Lir	nited Liability Co	empany)
The enclosed r	member, resignation or dissoc	ciation and fee(	(s) are submitted for filing.
Please return a	Il correspondence concerning	g this matter to	:
RICARDO SERI	RETIELLO		
	(Contact Person)		_
RSWM GROUP.	LLC		
	(Firm/Company)		_
1352 ORTEGA S	TREET		
	(Address)	<del></del>	_
WINTER SPRIN	GS, FL 32708		
	(City/State and Zip Code)		_
For further info	ormation concerning this mate	ter, please call:	
RICARDO SERR	ETIELLO	407 at (	921-4146
(Nam	ne of Contact Person)	<del></del>	& Daytime Telephone Number)
Enclosed please	e find a check made payable	to the Florida I	Department of State for:
☐ \$25 Filing F	ee		g Fee & Certified Copy
Mailing A			Street Address:
_	ition Section		Registration Section
	n of Corporations		Division of Corporations
P.O. Bo			The Centre of Tallahassee
Tallahas	ssee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)



### 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)

	the limited liability company as it appears on the records of th	e Florida Departm	ı <b>ent</b>
	document/registration number assigned to this limited liability	company is:	
WILLIAM M	member/manager withdrew/resigned or will withdraw/resign in MARTINELLI hereby withdraw/resign in Name of Person Resigning)		<del></del>
MANAGED	(Print Title) liability company and affirm the limited liability company has		ny Cer
Docustion in William Mills	writing.	s been notified of r	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)