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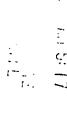
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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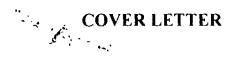
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03/26/24--01029--010 ++25.00



03/20/21





TO: Registration Section Division of Corporations

R&S PARTNERS INVESTMEN	IT, LLC			
	Limited Liability (Company)		
The enclosed member, resignation or diss	sociation and fe	e(s) are submitted fo	or filing.	
Please return all correspondence concern	ing this matter t	to:		
ROBERTO A. ESPEJO				
(Contact Person)				
(Firm/Company)	, , , , , , , , , , , , , , , , , , , 			ŧ
231 BROADWAY AVE				<i>:</i> .
(Address)				~~:
KISSIMMEE, FL 34741				<u>;;</u>
(City/State and Zip Code)			۲٠,	-
For further information concerning this n	natter, please ca	11:		
ROBERTO A. ESPEJO	201 at (362-7627		
(Name of Contact Person)	(Area Co	ode & Daytime Teleph	one Numbe	:(1:
Enclosed please find a check made payab \$25 Filing Fee		a Department of Stating Fee & Certified		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





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)

of State is: R&S	PARTNERS INVESTMENT, LL	<u>C</u>
2. The Florida docu L23000434996	ıment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I,		, hereby withdraw/resign as a
(Print N MANAGER	ame of Person Resigning)	
(Print Title)	
resignation in wri	hacua.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
~	\$25.00 (Required) \$30.00 (Optional)	: : : : : : : : : : : : : : : : : : :