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COVER LETTER

TO:		stration Section ion of Corporations			
SUBJ	ЕСТ:	RVGA AUDIT, LLC			
27 47 4717	(Name of Limited Liability Company)				
The en	relosed	l member, resignation or di	ssociation and fee	(s) are submitted for filing.	
Please	return	all correspondence concen	ning this matter to	ν;	
JORGE	ALVA	RADO			
		(Contact Person)		_	
RVGA	AUDIT	LLC			
		(Firm/Company)		_	
2100 W	76 TH :	STREET SUITE 404			
		(Address)		_	
HIALE	AH, FL	33016			
		(City/State and Zip Code)		<u> </u>	
For fur	rther in	formation concerning this	matter, please call	:	
JORGE	ALVA	RADO	786 at (246-0197	
	(Na	ime of Contact Person)		e & Daytime Telephone Number)	
Enclos ■ \$25	-	ase find a check made paya Fee		Department of State for: ng Fee & Certified Copy	
	Regis Divisi P.O. L	g Address: tration Section on of Corporations Box 6327 hassee, 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)

The Florida document/registration number assig 1.23000447809	gned to this limited liability comp	oany is:	
The date this member/manager withdrew/resign	ed or will withdraw/resign is: 12/	19/2023	
I, LAWRENCE R. RICE II	, hereby withdraw/resign as a	1	2
(Print Name of Person Resigning)			021,
AUTHORIZED MEMBER		: 1	2021 ₁ JAH
(Prim Title)			- 8
of this limited liability company and affirm the li resignation in writing.	imited liability company has been	notified	
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		(7-	5

Filing Fee:

Filing Fee: Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)