C23000506103

(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:				
umids				





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COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJI	ECT:	SOLID RR UNION LLC				
		(Name of Limited Liability Company)				
The en	closed	l member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please	return	all correspondence concerning	g this matter to:			
GIANE	RANC	O ROJAS				
		(Contact Person)		_		
005 A!V	V 132N	(Firm/Company)		_		
		(Address)				
NORTH	H MIAN	MLFL 33168				
		(City/State and Zip Code)				
For fur	rther ir	nformation concerning this ma	tter, please call:			
GIANE	RANC	O ROJAS	305 at (9276965		
	(N	ame of Contact Person)		e & Daytime Telephone Number)		
Enclos ☎ \$25	·=	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy		
	Regis Divis P.O. I	etration Section ion 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)

	limited liability company as ID RR UNION LLC	it appears on the records of the Florida Department
2. The Florida doc 1.23000506103	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I, SKARLEN A R	OA	, hereby withdraw/resign as a
MGR	rame of recision resigning)	
	(Print Title)	
of this limited lia resignation in w	• • •	e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	