L23000518318

(Requestor's Name)
(Address)
(Address)
(Challen Halle)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: AUG HORNE
1. MOD.
AUG TNE
2024
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COVER LETTER

TO:	Registration Section					
	Divis	ion of Corporations				
SUBJ	IECT:	RM PALM HARBOR LLC				
		(Name of Li	mited	Liability Co	mpany)	
The e	nclosed	l member, resignation or disso	ciatio	on and fee(s) are submitted for filing.	
Please	e return	all correspondence concerning	g this	matter to	:	
J. ACI	EVEDO					
		(Contact Person)			_	
JASA	STSA B	USINESS SERVICES LLC				
		(Firm/Company)			_	
22095	US HW	Y 19 N				
		(Address)		•	_	
CLEA	RWATE	ER, FLORIDA 33765				
		(City/State and Zip Code)			_	
For fi	ırther iz	nformation concerning this ma	tter, p	please call	:	
JACQ	UELINE	E ACEVEDO	at	727	645-2856	
	(N	ame of Contact Person)			e & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payable	e to th	ne Florida	Department of State for:	
	5 Filing				g Fee & Certified Copy	
		ng Address:			Street Address:	
		stration Section sion of Corporations			Registration Section Division of Corporations	
		Box 6327			The Centre of Tallahassee	
		hassee, FL 32314			2415 N. Monroe Street, Suite 810	
	i aila	nassee, 1 15 525 17			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)

	limited liability company as it	appears on the records of the Florida Department
		igned to this limited liability company is:
3 The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
HUGO TAMAY	O INFANTE	, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lial resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	