

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000220887

**Entity Name:** REHA LLC

**Current Principal Place of Business:**

7890 SEVILLE PL  
APT.1404  
BOCA RATON, FL 33432

**Current Mailing Address:**

7890 SEVILLE PL  
APT.1404  
BOCA RATON, FL 33432 US

**FEI Number:** 85-3231584

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ILHAN, BASAK  
7890 SEVILLE PL  
APT.1404  
BOCA RATON, FL 33432 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	TIN, HAKAN	Name	TIN, REYHAN
Address	CAKMAKLI MAH. KATIP SOK. NO.2	Address	CAKMAKLI MAH. KATIP SOK. NO.2
City-State-Zip:	BUYUKCEKMECE - ISTANBUL 34457	City-State-Zip:	BUYUKCEKMECE - ISTANBUL 34457
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	KARTAL, HANDE	Name	TIN, HANDAN
Address	BAHCESEHIR 1.KS ASMALI CD ESTON SIT.18/3	Address	CAKMAKLI MAH. KATIP SOK. NO.2
City-State-Zip:	BASAKSEHIR - ISTANBUL 34488	City-State-Zip:	BUYUKCEKMECE - ISTANBUL 34457
Title	MANAGER	Title	MANAGER
Name	AKKEMIK, PINAR A	Name	ILHAN, BASAK
Address	11 SPINDLE CT	Address	7890 SEVILLE PL, , APT 1404
City-State-Zip:	DEER PARK NY 11729	City-State-Zip:	BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HAKAN TIN

AMBR

03/13/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date