

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
Name TIN, HAKAN
Address CAKMAKLI MAH. KATIP SOK. NO.2
City-State-Zip: BUYUKCEKMECE - ISTANBUL 34457

Title AUTHORIZED MEMBER
Name TIN, REYHAN
Address CAKMAKLI MAH. KATIP SOK. NO.2
City-State-Zip: BUYUKCEKMECE - ISTANBUL 34457

Title AUTHORIZED MEMBER
Name KARTAL, HANDE
Address BAHCESEHIR 1.KS ASMALI CD ESTON
SIT.18/3
City-State-Zip: BASAKSEHIR - ISTANBUL 34488

Title AUTHORIZED MEMBER
Name TIN, HANDAN
Address CAKMAKLI MAH. KATIP SOK. NO.2
City-State-Zip: BUYUKCEKMECE - ISTANBUL 34457

Title MANAGER
Name AKKEMIK, PINAR A
Address 11 SPINDLE CT
City-State-Zip: DEER PARK NY 11729

Title MANAGER
Name ILHAN, BASAK
Address 7890 SEVILLE PL, , APT 1404
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