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(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rate of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hamid Feiz (Name of Person) REH Hodivis LLC (Firm/Company) 1262 SW 88th ferrace (Address)
Gainsville, FL 32607 (City/State and Zip Code)
For further information concerning this matter, please call:
Hamid Feiz at (352) 494-7707 (Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, he za My Hanson, hereby resign as Narager (Title)
of R9 H Holding LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.
- Recargidasen.
(Signature of resigning manager, managing member or member)
ALLAHAS
Mc 2

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314