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(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Reliable Housing, (Name of Limited Liabili	LLC ty 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:
Michael A Melchior (Name of Person)	
Reliable Housing (Firm/Company)	
12650 5W 191 St (Address)	
Miomi, FL 33177 (City/State and Zip Code)	
For further information concerning this matter, please call	I: 34
Michael A Melchior at (30) (Name of Person) at (30)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☑\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E070 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Raúl bösthe	, hereby resign as	MGRM	
of <u>Reliable Housing</u>	LLC d Liability Company)	(Title)	_,
a limited liability company organized under	the laws of the State of	Florida	<u></u>
and affirm that the limited liability company	has been notified in writing	g of the resignation.	JAMC 138
(Signature of resigning man	nager, managing member or	member) PM 1: 3	CALLACY OF TALE

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