L07000052774

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COVER LETTER

The state of the s	
TO: Registration Section Division of Corporations	
SUBJECT: Rhea Iona Enterprise, LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Mehran Aminzadeh	
(Contact Person)	
Rhea Iona Enterprise, LLC	
(Firm/Company)	
20035 Orchard Meadow Dr.	
(Address)	
Saratoga, CA 95070 (City/State and Zip Code) Code Services and Sip Code Services and Services	7
(City/State and Zip Code)	
Saratoga, CA 95070 (City/State and Zip Code) For further information concerning this matter, please call:	7
Mehran Aminzadeh at 408 621-4308	J
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:	
\$55 Filing Fee \$55 Filing Fee &	
Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee Florida 37301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it ap of State is: Rhea Iona Enterprise, LL	=	the Florid	da Depar	tmen
2. This limited liability company was organized und State of Florida	er the laws of:	SECRETA	700T OCT	7
3. The Florida document/registration number of this L07000052774	limited liability compa	NRY OF STA	15 A II:	MO
4.1, Ray Corres (Priol Name of Person Resigning)	, hereby resign as a	RIDE OF Print		
of this limited liability company and affirm the lim resignation in writing.	ited liability company	has been r	otified o	f my
Signature of Resigning Member, Managing Memb	er or Manager	4/200	7	Mark Ford

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: