## #209000067440

(Requestor's Name)				
(Address)				
(Addless)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Decoupe and Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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LUNC ACT OF STATE

PART A HASSFE, PH, ORIDA

K. SALY EXAMINER

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SEURLIANT OF STATE
TALLAHASSEE, BLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as rech Systems, LLC.	it appears on the records of	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L09000067	nment/registration number of 7440	this limited liability comp	oany is:
<sub>4. I,</sub> Omar Jana		, hereby resign as a _	MGRM
(Print Name of Person Resigning)			(Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability company	y has been notified of my
af	2		
Signature of Resi	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		