11000092345

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(Orty/State/Zip/Priorie #)
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COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC	NEREUS HOLDING, LLC -	•			
	(Name of L	(Name of Limited Liability Company)			
The enclo	osed member, resignation or disso	ociation and fee(s) are submitted for filing.			
Please ret	turn all correspondence concernir	ng this matter to:			
LAWREN	CE D. W. GRAVES				
	(Contact Person)				
COOLIDG	E & GRAVES PLLC				
	(Firm/Company)				
16 CHURG	CH STREET, UNIT 1A				
	(Address)				
KEENE, N	IEW HAMPSHIRE 03431				
	(City/State and Zip Code)				
For furthe	er information concerning this ma	atter, please call:			
LAWREN	CE D.W. GRAVES	603 357-5900 at ()			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed ■ \$25 Fi		e to the Florida Department of State for: S55 Filing Fee & Certified Copy			
R D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

NE	ne limited liability company as it appears on the records of REUS HOLDING, LLC	the Florida Department
2. The Florida do £11000092345	ocument/registration number assigned to this limited liabili	ity company is:
4. I, JOHN H. PAT	nember/manager withdrew/resigned or will withdraw/resigned. TERSON, JR	ω
MANAGER	(Print Title)	
of this limited l resignation in y	iability company and affirm the limited liability company	has been notified of my
Signature of I	Dissociating Member or Resigning Manager	· ·
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	-