

L12 000 136 256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

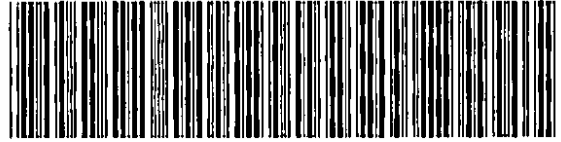
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900342484779

03/30/20--01005--027 \*\*25.00

2020.03.30 11:10:37

R. WHITE  
APR 10 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rallian INVESTMENTS LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rodney Balais  
(Contact Person)

Rallian INVESTMENTS LLC  
(Firm/Company)

11753 NW 47 DRIVE  
(Address)

Coral Springs FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rodney Balais at (561) 926 2166  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020. 30 AM 10:37

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A Pallian Investments LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000136256

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/24/20

4. I, Rodney Balais, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)