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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
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SECRETARY OF STATE OF CORPORATIONS

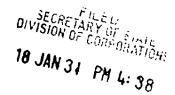
K. SALY FEB 2 2018

COVER LETTER

TO:		stration Section		
	Divis	sion of Corporations		
SUBJ	JECT:	RHPB HOLDINGS, LLC		
		(Name of I.	Limited Liability Co	ompany)
The e	nclosed	d member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please	e returr	all correspondence concernir	ng this matter to	:
REIN	IHAR[) HANSELKA		
		(Contact Person)		_
RHP	В НОГ	DINGS, LLC		
	-	(Firm/Company)		_
PO B	3OX 90	066		
		(Address)		_
PAN	AMA C	CITY BEACH, FL 32417		
		(City/State and Zip Code)		
For fu	ırther ii	nformation concerning this ma	atter, please call	:
PHIL	LIP L I	BALL	850 at (258 0508
	(N	lame of Contact Person)		le & Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable g Fee		Department of State for: ng Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
Clifto	n Build	ding		P.O. Box 6327
		ive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





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)

	e limited liability company as it appears on the records of the Florida Department PB HOLDINGS, LLC
2. The Florida doc	sument/registration number assigned to this limited liability company is:
3. The date this m	Jan 1, 2018 ember/manager withdrew/resigned or will withdraw/resign is:
Phillip I Rai	
MGRM	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)