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JUN 02 2018

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: REV-PEI LLC	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
MARK M. GREEN, ESQ.	
(Contact Person)	
MARK M. GREEN, P.A.	
(Firm/Company)	
200 WEST FORSYTH STREET, SUITE 45	0
(Address)	
JACKSONVILLE, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
MARK M. GREEN	904 355-1155
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: 1 \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 of State is:	limited liability company as it appears on t	he records of the Florida De	partment
2. The Florida docs	ument/registration number assigned to this	limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will w	/ithdraw/resign is:	,2018
(Print N	JELTA , hereby value of Person Resigning)	**************************************	18
MEMBER-MA			
 	(Print Title)		й. Си,
	bility company and affirm the limited liabil	ity company has been notific	ed <mark>of</mark> my
resignation in wr	iting.	<u> </u>	T.
4/		· ·	æ
Signature-of-D	ssociating Member or Resigning Manager		
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		