116000105529

(Re	questor's Name)	
(Ad	dress)	
(Àd	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		

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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Rehovation Room LP LLC (Name of Limited Liability Company)		
(Name of Lumited Liability Company)		
The enclosed member, resignation or dissociation and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Bith Geduld (Contact Person)		
Renovation RODMLP, LLC (Firm/Company)		
500 E Hallandale Betch Blub (Address) Hallandale Betch G1 33009 (City/State and Zip Code)		
Hallandall bullt (-1 33009) (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (954) 455 - 00 25 (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\\$25\$ Filing Fee \text{ Certified Copy}\$		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Euccutive Center Circle Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



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: <u>Re</u>	Inevation ROOM LP, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1600	0105529
	ember/manager withdrew/resigned or will withdraw/resign is: 12-18-17
4. I, Print N	hereby withdraw/resign as a same of Person Resigning)
MANA	Grini Tyle)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	A Mari
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)