118000034076

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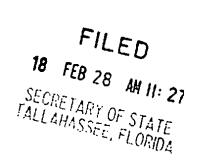
COVER LETTER

	Registration Section Division of Corporations		
l	Division of Corporations		
SUBJE	CT:		
	(Name of Li	imited Liability Con	npany)
The enc	losed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please r	eturn all correspondence concernin	g this matter to:	
MARIC	O GALVAN		
	(Contact Person)		-
RHAVI	EN LLC		
-	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_
668 RE	ED HAVEN LN		
	(Address)		-
OVIED	OO, FL 32765		
	(City/State and Zip Code)		-
For furt	ther information concerning this ma	itter, please call:	
MARIO	D GALVAN	at (319-1577
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable Filing Fee		Department of State for: g Fee & Certified Copy
Registra	ET/COURIER ADDRESS: ation Section		MAILING ADDRESS: Registration Section
	n of Corporations Building		Division of Corporations P.O. Box 6327
2661 E	xecutive Center Circle issee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)







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: RHA		ppears on the records of the Florida Department
2. The Florida docu L1800003407		ned to this limited liability company is:
KADLA CAL		ed or will withdraw/resign is:
MANAGER	(Print Title)	
resignation in wr	iting.	mited liability company has been notified of my
	polvan ssociating Member or Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	