L19000247868

(Red	uestor's Name)	
(Address)		
	_	
(Address)		
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500346814165

97 122. 20--11730--0<u>1</u>8 →•25.00

RECEIVED
JUL 1 5 2020

DECREIAS COLSTAT

D BRUCE AUG 2 7 2020 June, 29 2020

TO: SIKIU PEREZ

287 SW 206 AVE PEMBROKE PINES, FL 33029

FROM: GLADYS SERFATY

252 FAIRWAY CIR

WESTON FL, 33326

I want to ratify and inform you of rhy decision to separate as a parner of RDH EN USA LLC, since January 1, 2020.

As a consequence of this and because I know that the company didn't any business and haven't any income, I transfer to you the totality of the shares that I have in the company and receive as compensation for them the amount of 1 \$.

Sincerely

GLADYS SERFA

State of Florida, County of Broward

Sworn and subscribed to before me by means

of physical presence on this 29 day of

who proceeded Elici)

who presented Florida driver Ivous

as identification.

RANDY GUSTAVO LOPEZ
Notary Public - State of Florida
Commission # GG 344092
Av Comm. Expires Jun 14, 2023
Bonded through National Nojary Assn.

im. Expires Jun 14, 2023 ugh National Rojary Assn. Alwill will

COVER LETTER

TO: Registration Section Division of Corporations	
RDH EN USA, LLC SUBJECT:	
(Name of Limited Liab	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to:
SIKIU PEREZ	
(Contact Person)	
RDH EN USA, LLC	2020 JUL 15 SECRE DAT TALLAHA
(Firm/Company)	
287 SW 206 AVE	<i>U</i> . ***
(Address)	,
PEMBROKE PINES, FL., 33029	7:56 SIME EFFL
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
SIKIU EREZ 786	2528363
· · · · · · · · · · · · · · · · · · ·	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee S55	orida Department of State for: 5 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

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)

	EN USA, LLC	as it appears on the records of the Florida Department
2. The Florida doc L19000247868	ument/registration number	assigned to this limited liability company, is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I, SERFATY GLADYS		, hereby withdraw/resign as a
(Print Name of Person Resigning) MGR		7: 56
of this limited lia resignation in wr Signature of D	estales	the limited liability company has been notified of my gning Manager
Filing Fee:	\$25.00 (Required)	State of Florida, County of Broward
Certified Copy:	\$30.00 (Optional)	Sworn and subscribed to before me by means
	of physical presence on this 29 day of _To re,	
		2020 by Gladys Serfaty
		who presented Florida driver licence
		as identification.
CR2E079 (2/14)		RAND / GUSTAVO 1 GPE7 Notary Public - State of Florida Commission # GG 344092 My Comm. Expires Jun 14, 2023 Bonded through Sational-Notary Assn.