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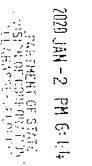
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JAN 3 0 2020 S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: Reputable Investment (Name of Limited Liability Co	ts UC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	:
TUJ-JASNA CASIMIR (Contact Person)	_
(Firm/Company)	_
15871 SW 70 FERR	_
MIAMI FC 33193 (City/State and Zip Code)	_
For further information concerning this matter, please call	:
Taj Jaska Casimir at (786) (Name of Contact Person) (Area Code	_) <u>223 8568</u> e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida S25 Filing Fee S55 Filing	Department of State for: ag 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



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)

	limited liability compan			-	artmen
of State is:	Reputable.	MVCS+men+	5 66	C	·
	ment/registration number	er assigned to this lin	nited liabili	ty company is:	
11900	0270917	,			
3. The date this mer	mber/manager withdrew	/resigned or will with	ıdraw/resig	n is: 12/26	/19
4. 1. Taj-Jash	IA CASIMIR une of Person Resigning)	, hereby wit		,	/
MBR	Print Title)				
of this limited liab resignation in wri			company l	has been notified	i of my
_ Jas	Klasui	<u> </u>		ر 2020 ا اجائیان انگاریان	
Signature of Dis	ssociating Member or Ro	esigning Manager		AHASSE	1 1
Filing Fee:	\$25.00 (Required)			그렇게 교	j ; l
Certified Copy:	\$30.00 (Optional)			Lugari STATE STATE STATE	Ų