119000 284462

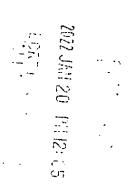
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COVER LETTER

	ion of Corporations				
SUBJECT:	Direct Hearing, LLC				
SOBILCT.	(Name of Limited Liability Company)				
The enclosed	I member, resignation or dissocia	tion and fee(s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
Alex C. Najari	an, Esq.				
	(Contact Person)		_		
The Corneal L	aw Firm				
	(Firm/Company)		_		
509 Anastasia	Blvd.				
· · · · · · ·	(Address)	···	_		
St. Augustine,	FL 32080				
	(City/State and Zip Code)		_		
For further in	nformation concerning this matte	r, please call	:		
Alex C. Najari	an, Esq.	904 at (819-5333 Daytime Telephone Number)		
(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
-	ase find a check made payable to		Department of State for:		
Ø \$25 Filin	g ree	וווות ככם ב	ig ree & Certified Copy		
Regi: Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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)

of State is:		to the limited liability company is:	<u>-</u> •
2. The Florida doc L19000284462	ument/registration number as	signed to this limited liability company is:	
3. The date this me	ember/manager withdrew/res	gned or will withdraw/resign is: January 12, 2022	-
Zach Aharon , hereby withdraw/resign		, hereby withdraw/resign as a	
(Print)	Name of Person Resigning)	·	
Manager			
of this limited lia resignation in w	riting.	e limited liability company has been notified of m	ıy
Signature of D	issociating Member or Resig	ung Manager	~.
			(E)
Filing Fee:	\$25.00 (Required)		5
	\$30.00 (Optional)		120
Certified Copy:		; G	$\stackrel{\circ}{\Rightarrow}$

CR2E079 (2/14)