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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: REA Group IN (Name of Limited Liability)	vestment LLC					
(Name of Limited Liability Company)						
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:						
B) Reever (Contact Person)						
Law Office of B.J. Re	ens, P.A.					
1779 N University DRIG (Address)	ri Ste 202					
Pembroke Pines Love (City/State and Zip Code)	<u>da</u> 33024					
For further information concerning this matter, please	call:					
By Pel No. (Area of Contact Person) at (5)	Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Flor IV \$25 Filing Fee \$55 F	ida Department of State for: Filing Fee & Certified Copy					
Mailing Address:	Stroot Address.					
Registration Section	Street Address: Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

			appears on the reco			
of State is:	ZEA_	GROUP	Invest.	ment o	<u> </u>	
2. The Florida doc	ument/regis	tration number assi	gned to this limited	liability compa	my is:	
1210	00009	0613				
3. The date this me	ember/mana	ger_withdrew/resign	ned or will withdraw	v/resign is: 1	eCen	rber 4,2
4. 1, <u>Erres</u> (Print N	lo Gar	CIO n Resigning)	, hereby withdray	v/resign as a		
ambk	(Print Title)	·				
	bility compa		imited liability com	pany has been	notified	of my
	5					
Signature of Di	ssociating A	Member or Resignir	g Manager	Ç	. 2	
Filing Fee: Certified Copy:	\$25.00 (\$30.00 (Required) Optional)		TALLAH	2023 DEC	T
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