L22 0000 12894

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COVER LETTER

TO: Registration Section Division of Corporations RISEWELL INVESTMENTS LLC SUBJECT: (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: JAYAPRAKASH POKALA (Contact Person) RISEWELL INVESTMENTS LLC (Firm/Company) 12481 SHADY BRIDGE TRU (Address) JACKSONVILLE,FL32258 (City/State and Zip Code) For further information concerning this matter, please call: JAYAPRAKASH POKALA 904 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section 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)

	limited liability company as it appears on the WELL INVESTMENTS LLC.	
2. The Florida doc £22000012894	ument/registration number assigned to this I	imited liability company is:
A CHA NIMA	mber/manager withdrew/resigned or will w	
4. I. Print A	hereby w	rithdraw/resign as a
MBR	ame of 1 crzon Resigning)	
(Print Title)		(No. 1) po (1) p
of this limited lia resignation in wr	bility company and affirm the limited liabiliiting.	ty company has been notified of my
N. &	M	<u>. :</u>
	ssociating Member or Resigning Manager	ن
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	