LZZ 000 45394

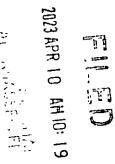
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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04/10/23--01018--004 **35.09



COVER LETTER

~	stration Section sion of Corporations		
SUBJECT:	RHR VENTURES, LLC		
		Limited Liability Cor	mpany)
The enclosed	d member, resignation or diss	sociation and fee(s	s) are submitted for filing.
Please return	n all correspondence concerni	ing this matter to:	
Ingo Riemer			
	(Contact Person)		_
			2023 /
	(Firm/Company)		- PR
PO Box 28083	3		2023 APR 10 AM 10: 1
	(Address)		
Panama City E	Peach, FL 32411		
	(City/State and Zip Code)		_
For further is	nformation concerning this m	natter, please call:	
Ingo Riemer		850 at (6306643
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed plo	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, 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)

1. The name of the	limited liability company a	s it appears on the records of the Flo	orida Dep	artmer	nt
of State is: RHR	VENTURES, LLC				
2. The Florida doc L22000045394	ument/registration number a	assigned to this limited liability com	pany is:	2023 APR 1 C	e-24;
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	3/30/2023	R 10	
4. 1. Ingo Riemer		, hereby withdraw/resign as a	SSE	AM 10: I	
(Print N	lame of Person Resigning)	<u> </u>		<u>:</u>	, C
Member			- 2	19	
	(Print Title)				
of this limited lia resignation in wr		he limited liability company has bee	n notifiec	i of m	У
Signature of D	issociating Member or Resig	gning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				