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(Requestor's Name)					
(Address)					
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, ,					
(C)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

_	ition Section of Corporations		•	·
DIVISIO	ror Corporations			
SUBJECT: MI	IKE REH LLC			
	(Name o	f Limited Liability Corr	ipany)	_
The enclosed m	ember, resignation or dis	ssociation and fee(s) are submitted for f	iling.
Please return al	l correspondence concern	ning this matter to:		
МАНЕЅН ЅНАН				
	(Contact Person)		-	
MIKE REH LLC				
	(Firm/Company)		-	
402 HIGHPOINT	DRIVE STE 101			
	(Address)		•	
COCOA, FL 3292	.6			
	(City/State and Zip Code)		-	787
For further info	rmation concerning this	matter, please call:		۲ ران-
МАНЕЅН ЅНАН		321 at (631-0245	
(Nam	e of Contact Person)		& Daytime Telephon	e Number)
Enclosed please ■ \$25 Filing F	e find a check made paya		epartment of State : Fee & Certified Co	
Division P.O. Bo	ntion Section 1 of Corporations		Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations hassee reet, Suite 810

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)

		s it appears on the records of the F	Florida Department
of State is:	REHILLC		·
2. The Florida doc:	ument/registration number a	assigned to this limited liability co	impany is:
	mber/manager withdrew/res	signed or will withdraw/resign is:	04/13/2022
4. l, <u>mahesh shaf</u>	I	, hereby withdraw/resign as	a
(Print N MGMR	ame of Person Resigning)		2022 JU
	(Print Title)		1
of this limited lia resignation in wr		he limited liability company has b	
\mathcal{M}			
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: / Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		