M170000033220

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

Office Use Only



400297899284

04/15/17=-01015=-021 **160.00



S Warren APR 1 4 2017

RHA 2 TRS LLC 3505 Koger Blvd., Suite 400 Duluth, GA 30096

April 5, 2017

Florida Department of State Divisions of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Dissolution of RHA 2 TRS LLC: Document L16000001460
Release of name RHA 2 TRS LLC for use in new filing

Dear Corporations Division:

On January 5, 2016, Articles of Organization for RHA 2 TRS LLC were filed with the Florida Division of Corporations. This LLC entity was formed incorrectly in the State of Florida.

RHA 2 TRS LLC was formed in the State of Delaware on June 13, 2013. The filing in Florida should have been a registration of a foreign limited liability company to do business in Florida.

Therefore, Articles of Dissolution for RHA 2 TRS LLC, Document L16000001460 are enclosed for filing, and an Application By Foreign Limited Liability Company For Authorization To Transaction Business in Florida for RHA 2 TRS LLC is enclosed herewith for subsequent filing.

In order to register RHA 2 TRS LLC as a foreign LLC, we request that the Florida Corporation Division release the name RHA 2 TRS LLC to be used in the new filling.

If you have any questions, or need further information, please contact me at 470-268-3965. Your assistance is greatly appreciated.

Sincerely,

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	RHA 2 TRS LLC
	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	turn all correspondence concerning this matter to the following:
	Cassey Davis
	Name of Person
	RHA 2 TRS LLC
	Firm/Company
	3505 Koger Blvd., Suite 400
	Address
	Duluth, Georgia 30096
	City/State and Zip Code
	cdavis@havenbrookhomes.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Cassey Davis 470 268-3965
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount: \$\Boxed{\Pi}\$ \$125.00 \text{ Filing Fee} \text{ \$\Boxed{\Pi}\$ \$130.00 \text{ Filing Fee} \text{ \$\Boxed{\Pi}\$ \$155.00 \text{ Filing Fee} \text{ \$\Boxed{\Pi}\$ \$160.00 \text{ Filing Fee}, Certificate of Status \text{ Certified Copy} \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACUBLISINESS IN THE STATE OF FLORIDA.

- (11 name unavailable, enfer a	Iternate name adopted for the purp	ose of transacting busine	ss in Florida. The alternate	e name must inclu	le "Limited
Liability Company," "L.L.C.	," or "LLC.")				
2. Delaware	of which foreign limited liability	3. 46-3054466	(FEI number, if applic		
company is organized)	of which foreign limited hability		(FEI number, if applic	cable)	
4					
	(Date first transacted busi (See sections 605,0904 & 60	ness in Florida, if prior to 05,0905, F.S. to determin	o registration.) e penalty liability)		
5. 3505 Koger Blvd., Sui	ite 400				
Dubut CA 2000					
Duluth, GA 30096	(Street Address o	f Principal Office)			
Same		-		5.00 2.00 2.00	
0			- - -		y age of tables
			 -		, regulated
	(Mailin	g Address)			
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accept	able)	~~~ }>	j j j
Name:	Corporation Service Compan	у	_	A TR	O
Office Address:	1201 Hays Street				
Office Address.	Tallahassee		- 32301	DA 2	
	(City)		_ , Florida(Zip code	<u>-</u> -	
Registered agent's accep	tance:	<i>_</i> ;	,		
	gistered agent and to accept se tion, I hereby accept the appoi				
to complement the	ons of all statutes relative to th	e proper and complete	performance of my di	uties, and I am fo	umiliar with an
to complywith the provisi	my positión as registered agent	iny			
accept the obligations of r	Corporation Service Compa		Brian Courtney		
to complywith the provision accept the obligations of t	By:		- Aggt V Da	<u>/</u>	
accept the obligations of t	By:	stered agent's signature)	Asst. V. Pres.	<u>/</u>	
accept the obligations of t	By:			y	
accept the obligations of t	By: (Regi			<u>/</u>	
8. The name, title or capa	By: (Reginal And Address of the person(sed Person				
8. The name, title or capa Patrick Whelan, Authorize	By: (Reginal And Address of the person(sed Person				
8. The name, title or capa Patrick Whelan, Authorize 3505 Koger Blvd., Suite 3 Duluth, GA 30096	By: (Reginal and address of the person(sed Person 800)	s) who has/have author	ity to manage is/are:		an ada in sha
8. The name, title or capa Patrick Whelan, Authorize 3505 Koger Blvd., Suite 3 Duluth, GA 30096	By: (Reginal And Address of the person(sed Person	s) who has/have author	ity to manage is/are:	ing custody of re	cords in the te under oath
8. The name, title or capa Patrick Whelan, Authorize 3505 Koger Blvd., Suite 3 Duluth, GA 30096	By: (Reginal Address of the person (seed Person and Address of the person address of the	s) who has/have author days old, duly authentic certificate is in a forcig	ity to manage is/are:	ing custody of re	cords in the te under oath
8. The name, title or capa Patrick Whelan, Authorize 3505 Koger Blvd., Suite 3 Duluth, GA 30096 9. Attached is a certificate jurisdiction under the law of the suite of the s	By: (Reginal Action of the person) (Reginal Action of the pe	s) who has/have author iays old, duly authentic certificate is in a foreig	ity to manage is/are:	ing custody of re	cords in the te under oath
8. The name, title or capa Patrick Whelan, Authorize 3505 Koger Blvd., Suite 3 Duluth, GA 30096 9. Attached is a certificate jurisdiction under the law of the suite of the s	By: (Reginal Action of the person) (Reginal Action of the pe	s) who has/have author days old, duly authentic certificate is in a forcig	ity to manage is/are:	ing custody of re	cords in the te under oath

Patrick Whelan, Authorized Person

Typed or printed name of signce

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "RHA 2 TRS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF JUNE,
A.D. 2013, AT 2:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202220784

Date: 03-17-17