## L090000 676 86

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

TO:	~	stration Section sion of Corporations			
SHRI	ECT:	Rosen Management, LLC			
.9013	LC1.	(Name o	f Limited Liability Co	ompany)	
The er	nelosec	l member, resignation or di	ssociation and fee(	(s) are submitted for filing.	
Please	e return	all correspondence concer-	ning this matter to	:	
Terri G	i. sonn				
		(Contact Person)			ંડાપુર
Sonn L	aw PA				900; FE8 23
		(Firm/Company)		<del></del> :.	23
19495	Biscayn	e Blvd, suite 607			
		(Address)		_	÷ 08
Aventu	ira, FL 3	3180			-
		(City/State and Zip Code)			
For fu	rther in	nformation concerning this	matter, please call	:	
Terri S	onn		305 at (	466-9497	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made paya g Fec		Department of State for:  ig Fee & Certified Copy	
	Regis Divis P.O. 1	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810



## 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)

DAC	limited liability company a	s it appears on the records of the Flo	
2. The Florida doc L09000067686	ument/registration number a	assigned to this limited liability comp	23
1 17/2312 16/15/313		signed or will withdraw/resign is: 120	/31/2023 =
(Print N	tame of Person Resigning)		
	, ,	he limited liability company has beer	notified of my
Signature of 1)	issociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		