

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSEBUD INVESTMENT GROUP, LLC
(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:

LEO ACIOLI
(Contact Person)

ROSEBUD INVESTMENT GROUP, LLC
(Firm/Company)

6286 GOLDEN DENDROP TRL
(Address)

WINDENMERE, FL 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

LEO ACIOLI at (407) 340 7009
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED

2021 DEC 20 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FL

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 as it appears on the records of the Florida Department of State is: ROSEBUD INVESTMENT GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000057221

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10.20.21

4. I, SARA ACIOLI, hereby withdraw/resign as a

(Print Name of Person Resigning)

MBR / OWNER

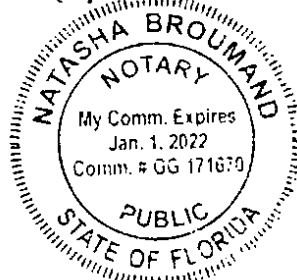
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)



State of: <u>Florida</u>	County of: <u>Orange</u>
On this <u>20</u> day of <u>October</u> , 20 <u>21</u> , before me, the undersigned Notary Public, personally appeared <u>Sara Aciole</u>	
proved through satisfactory evidence of identification, which were <u>FD</u> to be the person whose name is signed on the preceding or attached document and acknowledged	
Name	Notary Public
My Commission Expires:	<u>January 1, 2022</u>