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(R	equestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	_
PICK-UP	☐ WAIT	MAIL
(É	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations		
SUBJECT: 1122 Roydon, 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:		
Stephen G. Rochette		
(Firm/Company)		
6404 Lance Street		
Panama City F/ 32404 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Stephen Rochette at (239, 980-013/ (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:		

S25 Filing Fee

TO: Registration Section

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

★\$55 Filing Fee & Certified Copy

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

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:			
2. The Florida document/registration number assigned to this limited liability company is:			
L18000081653			
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $2-13-20$			
4. I. Stephen G. Rochette, hereby withdraw/resign as a (Frint Name of Person Resigning)			
Manager.			
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)			

CR2E079 (2/14)