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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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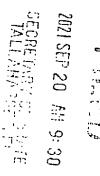


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COVER LETTER

Divis	ion of Corporations				
SUBJECT:	ROCKING CRAB LLC				
Gobale 1.	(Name of Limited Liability Company)				
The enclosed	l member, resignation or disso	ciation and fee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to:			
РНОЕВЕ СНЕ	N .				
	(Contact Person)		_		
U.S. ACCOUN	ITING, INC.				
	(Firm/Company)		_		
P.O. BOX 668					
	(Address)		_		
NEW YORK,	NY 10002				
	(City/State and Zip Code)	_	_		
For further in	formation concerning this mat	ter, please call:			
РНОЕВЕ СНЕ	N	212 at (693-2060		
(N	ame of Contact Person)		& Daytime Telephone Number)		
=	ase find a check made payable		·		
≡ \$25 Filing	, Fee	□ \$55 Filing	g Fee & Certified Copy		
	g Address:		Street Address:		
_	tration Section		Registration Section		
	ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
	nassee, FL 32314		2415 N. Monroe Street, Suite 810		
			Tallahassee El 32303		

TO: Registration Section



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)

	e limited liability company a		of the Florida Department
2. The Florida doc L19000226626	cument/registration number a	assigned to this limited liab	oility company is:
	ember/manager withdrew/res	=	
	(Prim Title) ability company and affirm thriting.	he limited liability compan	y has been notified of my
X Nu Signature of D	pl And the second secon	gning Manager	7021 SEP 20 PECRETARY
	\$25.00 (Required) \$30.00 (Optional)		