## 24000061660

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## **COVER LETTER**

	stration Section ion of Corporations					
SUBJECT:	RSS CAPITAL ROCKLEDGE LLC					
	(Name of Limited Liability Company)					
The enclosed	l member, resignation or dissoci	ation and fee(s	a) are submitted for filing.			
Please return	all correspondence concerning	this matter to:				
Tiffany E	asley		_			
	(Contact Person)					
Sachs Sa	ıx Caplan PL					
	(Firm/Company)		_			
6111 Broke	n Sound Pkwy NW #200		_			
	(Address)					
Boca Rator	n, FL 33487		_			
	(City/State and Zip Code)					
For further in	formation concerning this matte	er, please call:				
Tiffany E	asley	at ( 561	) 237-6865			
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed plea XI \$25 Filing	ase find a check made payable to g Fee		Department of State for: 3 Fee & Certified Copy			
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



## 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 liabili	ity company as it a	appears on the	records of the Fl	orida Dep	artment
of State is: RSS C	APITAL ROCK	KLEDGE LLC	<del> </del>	<del></del>		
2. The Florida docu L24000061660			·	·	TALL	7071, AF
3. The date this me	mber/manage REZ	er withdrew/resign	ed or will with	draw/resign is: _	APRIÉ 1, 201	APR-9 PH
4. I, (Print No.	ame of Person R	Resigning)	, nereby with	idiaw/iesigii as a		ب بن
MANAGER					1 1 1 1 1 1 1 1 1 1 1 1 1	28
	Print Title)	<del></del>			ķ.	
of this limited liab resignation in wri		y and affirm the li	mited liability	company has be	en notified	l of my
Raul Rami	irez	3.29.2024				
Signature of Di	ssociating Me	ember or Resignin	g Manager	<del></del>		
Filing Fee: Certified Copy:	\$25.00 (Re \$30.00 (O	- '				