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(Requestor's Name)							
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	Car	Romo	LLC			
			(Name of Lir	nited Liability Co	ompany)		
The er	nclosed membe	er, resigna	tion or dissoc	iation and fee	(s) are submitted for filing.		
Please	return all corr	esponden	ce concerning	this matter to	:		
	WILLIA.	~ M	00526				
	Cox Rom	(Firm/Con	ipany)				
	1445 C.	ox Ro	AD				
		(Addres	s)				
	Cocop,	Fr	3292L		_		
)}	hty/State and	l Zip Code)				
For fu	rther information	on concer	ning this matt	er, please call	•		
نارر	LIAM MOR	bēr (s		at (32)	1 243 - 3223		
	(Name of C	ontact Per	son)		e & Daytime Telephone Number)		
Enclos	sed please find	a check n	nade pavable i	to the Florida I	Department of State for:		
 \$25	Filing Fee				g Fee & Certified Copy		
	Mailing Address				Street Address:		
	Registration S Division of Co		1.·		Registration Section		
	P.O. Box 632		15		Division of Corporations The Centre of Tallahassee		
	Tallahassee, F	-			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 a	s it appears on the rec	ords of the Florida	ı Departmei
of State is:	Cox RODS LL	<u>C</u>		
	ument/registration number a	ssigned to this limited	I liability compan	y is:
3. The date this mo	ember/manager withdrew/res		_	105120
4.1. 11MOTHY (Print)	ML GRAT XX Name of Person Resigning)	, hereby withdra	nw/resign as a	
WENDE	(Print Title)			
of this limited lia resignation in wr	bility company and aftirm theiting. Multitude Multitu	эе limited liability cor	npany has been no	
Signature (PD	is ociating Member or Resig	ining Manager	## / / # **	2020 JUN 1
	\$25.00 (Required) \$30.00 (Optional)			5 M 7: 23