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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ROB-ROC IV, LLC (Name of L	C .imited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managin	ng Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
ROBERTA ARONHEIM	
(Name of Person)	
ROB-ROC IV, LLC	06 JUL 31
(Firm/Company)	
!! FARNHAM AVE.	JUL 31 AH 10: 19
(Address)	
WATERBURY, CT 067	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
SCOTT FAWCETT	at ( <u>203</u> ) <u>790–1040</u>
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	<b>t:</b>
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CD2E070 (8/05)	,



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, R. BLLIOT	T ARONHEIM	heroby resign as	MEMBER (Title)
of ROB-RO	CIX. LIC		
	(Limito	d Liability Company)	
a limited liability con	mpany organized under	the laws of the State of	FLORIDA
and affirm that the li	mited liability company	r has been notified in writing o	of the resignation.
	D	•	
	1		
(Sig	nature of resigning mar	nager, managing member or u	iember)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL. 32314

CR2E079 (8/05)

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