L070000 78744

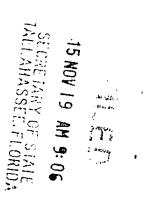
(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2015

GERALDINE FROGET 11461 SW 103RD AVENUE MIAMI, FL 33176

SUBJECT: ROCKWELL INSURANCE SERVICES, LLC

Ref. Number: L03000038764

We have received your document for ROCKWELL INSURANCE SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00023746

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Division of	on Section , f Corporations	•	`
ROSSUBJECT:	CKWELL INSURANCE	SERVICES, I	LC 's
	(Name of Lir	nited Liability Co	mpany)
The enclosed men	nber, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all c	orrespondence concerning	this matter to:	
GERALDINE F	ROGET		
	(Contact Person)		<u> </u>
	(Firm/Company)		_
11461 SW 103rd	J AVENUE		·
-	(Address)		_
MIAMI, FL 3317	6		
	(City/State and Zip Code)		_
For further inform	ation concerning this mat	ter, please call:	
GERALDINE FF	ROGET	305	720-8952
(Name o	f Contact Person)	(& Daytime Telephone Number)
Enclosed please fi	nd a check made payable		Department of State for: g Fee & Certified Copy
STREET/COUR			MAILING ADDRESS:
Registration Section Division of Corpo			Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Co	enter Circle		Tallahassee, Florida 32314



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)

RO	e limited liability company a		Florida Department
2. The Florida doc L0300003876	•	assigned to this limited liability of	company is:
GERALDIN 4. I,	E FROGET Name of Person Resigning) Dee President - EVP (Print Title) Ability company and affirm to	esigned or will withdraw/resign is, hereby withdraw/resign a . the limited liability company has	15 NOV 19 AM 9: CARTARY OF SILAHASSEE FLOOR
Januarê Januarê	oliai Front issociating Member or Resi	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		