L03000043054

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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03/19/04--01036--007 **25.00

06/08/04--01035--013 **60.00

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TRANSMITTAL LETTER

SUBJECT: Poc Solid LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L03000043054
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
1582 Sw Latchan Ave (Address)
Part St Lucie FL 34953 (City/State and Zip Code)
For further information concerning this matter, please call:
Matthew O (Sonow at (772) 834 - 9730 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

liability company.

Amendment Section

Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INH\$17(11/02)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 13, 2004

MATTHEW OCONNER 1582 SW LATSHAW AVE. PORT ST. LUCIE, FL 34953

SUBJECT: ROCSOLID, LLC Ref. Number: L03000043054

We have received your document for ROCSOLID, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 004A00024170

attn to

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.50	09, Florida Statutes, the unde	ersigned,		
matthe	Name of Registered Agent)	, hereby resi	gns as		
Registered Agent for	Rossalid	, LLC			- .
	(Name of Limited Liability	Company)		·	
(Document Number					
A copy of this resignation	was mailed to the above listed	limited liability company at i	its last knov	vn addres:	5.
The agency is terminated a	and the office discontinued on t	he 31st day after the date on	which this	<u> </u>	is filed.
_	(Signature of Resign	ning Agent)	AHAS	MAY 28	
If signing on behalf of an e	entity:		SEE. FLO	2 2	
_	(Typed or Printe	xd Name)		8: 57	<u> </u>
_	(Capacity)				

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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