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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Coples	_ Certificates	of Status
Special instructions to	Filing Officer:	
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COVER LETTER

	on Section of Corporations	7.4
SUBJECT:	RED ROCK SERVICES, LLC (Name of Limited Liability Company)	
	cles of Amendment and fee(s) are submitted for filing. our espondence concerning this matter to the following:	
_	ALON R TROOP	-
	ALON R TROOP (Name of Person) RED ROCK SERVICES	S. S. Carlo
_	(Firm/Company) 364 WISTERIA CT	TICHER 24 PM 1: 15 SECRETARY OF STATE SECRETARY OF STATE
_	PELTONA, FL 32738	PH I:
_	(City/State and Zip Code)	- 语 -
	ation concerning this matter, please call: ON RTROOP at (407) 323 4046	
176	(Name of Person) at (407) 323 40 46 (Area Code & Daytime Telephone Nu	mber)
Enclosed is a check	for the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADI Registration Section Division of Corporations Clifton Building	DRESS:

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314