

LOG 000002797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

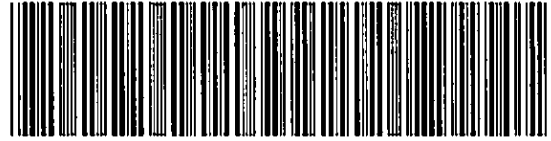
(Business Entity Name)

(Document Number)

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OCT 26 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCK GROUP ADVISORS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN MARRULLIER

Name of Person

ROCK GROUP ADVISORS LLC

Firm/Company

2840 WEST BAY DR, STE 288

Address

BELLEAIR BLUFFS, FL 33770

City/State and Zip Code

ALAN@KWRGA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN MARRULLIER

Name of Person

at (727) 415-5749

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Rock Group Advisors LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN LEE WILKERSON	418 NW SUNVIEW WAY PORT ST LUCIE FL 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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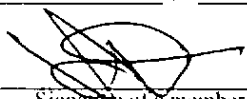
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ADD

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 23, 2017.



CONTROL CAPITAL GROUP LLC (MEMBER)

Signature of a member or authorized representative of a member

ALAN H. MARUCCIO

Typed or printed name of signee

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Filing Fee: \$25.00

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