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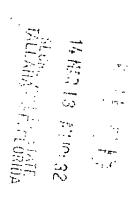
(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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J. Statuers MAR 1 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rock Investments North America, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lloyd Nettles

(Contact Person)

Rock Investments North America, LLC

(Firm/Company)

5001 Park Blvd. #200

(Address)

Pinellas Park, Fl. 33781

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric M. Von Heal

_{t (} /2/

447 3995

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as Rock Investments Nort		f the Florida Department
2. The Florida doct L060000	ument/registration number of 94840	this limited liability compa	any is:
3. The date this me	mber withdrew or will withd	raw is: February 20,	2014
4. I, Eric M	. Von Heal	, hereby resign as a	Manager
(Print Name of Person Resigning)			(Print Title)
resignation in wr	MANA		has been notified of my \hat{i} .
Filing Fee: Certified Copy:	signing or Dissociating Man \$25.00 (Required) \$30.00 (Optional)	nager, Member	TALLAHASSAF STOR