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TALLAHASSEE, FLORID

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECT: Rose Line Consulting I		·
	(Name of Lim	ited Liability Cor	mpany)
The enfiling.	nclosed member, managing member or	manager resig	gnation and fee(s) are submitted for
Please	return all correspondence concerning	this matter to:	
Rita	M. Sheil		_
	(Contact Person)		_
Rose	E Line Consulting LLC.		•••
	(Firm/Company)		
9101	East Bay Harbor Dr. #305		_
	(Address)		
Bay	Harbor Islands Florida 3315	4	
	(City/State and Zip Code)		_
For fu	rther information concerning this matt	er, please call:	
Rita	M. Sheil	at (305	970 2069
	(Name of Contact Person)		& Daytime Telephone Number)
Enclos	sed please find a check made payable	to the Florida l	Department of State for
Director	\$25 Filing Fee		\$55 Filing Fee &
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STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:
	ration Section		Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	assee, Florida 32301		•

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Departmen of State is: Rose Line Consulting LLC.					
2. This limited lia	ability company was organized	under the laws of:			
3. The Florida do L0700003	_	f this limited liability company is:			
4. I. Peter M.	Evans	, hereby resign as a MGRM			
(Print	Name of Person Resigning)	(Print Title)			
of this limited li resignation in w		e limited liability company has been notified of my			
Signature of Re	signing Member, Managing N	lember or Manager			
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)