L08000013214

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(Address)			
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(Business Entity Name)			
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SECRETARY OF SECRETION DIVISION OF CORPORATION

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•TO: Registration Section
Division of Corporations

A STATE OF S

SUBJECT: Rossman Association Management LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Dennis Rossman		
(Contact Person)		•
(Firm/Company)		
1104 SE 46th Lane Suite 2		
(Address)		
Cape Coral, FL 33904		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Dennis Rossman	at (239	443-1091
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: 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

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ssman Association M		the Florida Department
2. This limited liab	vility company was organized	under the laws of:	
3. The Florida doc L0800001	ument/registration number of 3214	f this limited liability compar 	ny is:
_{4. I,} Michelle Rossman		, hereby resign as a M	GR
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company h	as been notified of my
V Michaelle	Tormar igning Member, Managing M	11/19/10	
Signature of Res	igning Member, Managing N	1embér or Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		