

L08000102389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

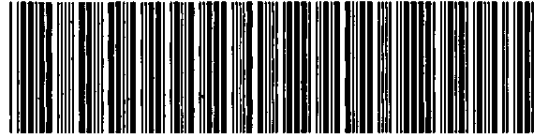
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/08/16--01015--014 *\$230.00

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TALLAHASSEE, FLORIDA

MAR 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roc & Associates, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000102389

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing:

Please return all correspondence concerning this matter to the following:

Joseph R. Gosz
Name of Person

The Gosz Professional Limited Company
Name of Firm/Company

2 S. Biscayne Blvd., Ste. 3760
Address

Miami, FL 33131
City/State and Zip Code

jrgosz@goszplc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph R. Gosz at (305) 505-6340
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Joseph R. Gosz _____, hereby resigns as

Name of Registered Agent

Registered Agent for Roc & Associates, LLC

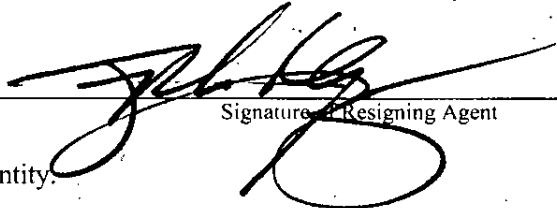
Name of Limited Liability Company

L08000102389

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity.

Typed or Printed Name

Capacity

FILED
16 MAR - 7 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314