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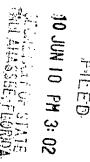
(Req	uestor's Name)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	
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S. HAWKES

JUN 1 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROLADJ, LLC (Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to):
Matt E. Bales, Jr., Esq.	<u> </u>
(Contact Person)	
Bales & Bales, P.A. (Firm/Company)	_
4000 Ponce de Leon Blvd., Suite 470	
(Address)	
Coral Gables, Florida 33146 (City/State and Zip Code)	_
For further information concerning this matter, please call	l:
	777-0411 le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	• • •
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 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER DOME EL ODIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ROLADJ, LLC
2. This limited liability company was organized under the laws of: Florida
3. The Florida document/registration number of this limited liability company is: L1000043585
4. I, Claudine J Rola de Rozycki , hereby resign as a Managing Member (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Member of Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: