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COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section	
Division of Corporations	
SUBJECT: ROROB U.S. INVESTMEN	NTS, LLC
(Name of Li	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
JAN MARIE DOUGHTY	
(Contact Person)	
JAN MARIE DOUGHTY, CPA	`
(Firm/Company)	
3000 N. ATLANTIC AVENUE	
(Address)	
COCOA BEACH, FL 32915	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
JAN DOUGHTY	321 784-8329
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as i ROB U.S. INVESTMENTS,	t appears on the records of the Florida Do	epartmen	nt
2. The Florida doc L1100010426	_	signed to this limited liability company is	:	,
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:		
4. I, ROSALY MCNAMARA , hereby withdraw/resign as a (Print Name of Person Resigning)				
MANAGER	lame of Person Resigning			
	(Print Title)			
of this limited lia resignation in wr		limited liability company has been notifi	ied of my	y
Rosaly,	n Alamong		16 MAR	SECR
Signature of Dissociating Member of Resigning Manager		70 - 1	SVR EUVE	
_	\$25.00 (Required) \$30.00 (Optional)		PM 3: 3	Y OF STA