L12000047402

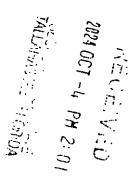
(Requestor's Name)		
	Address)		
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(Address)		
	City/State/Zip/Phone #)	· · · · · ·	
PICK-UP	WAIT	MAIL	
			
(Business Entity Name)		
	Document Number)		
Certified Copies Certificates of Status			
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Special Instructions to f	Filing Officer:		

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TALLAHASSEE, FLORIDA



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/3/2024

NAME:

EDEN ROC MANAGEMENT COMPANY LLC

TYPE OF FILING: AGENT RESIGNATION

COST:

25.00

RETURN: PLAIN COPIES

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the unde	rsigned.		
FLORIDA FILING & SEARCH SERVICES		, hereby resigns as			
	Name of Registered Ager	nt	,,g		
Registered Agent for El	DEN ROC MANAGEM	IENT COMPANY, LLC			_
	Name of Lim	ited Liability Company			
L12000047402					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known	address	š.
The agency is terminate	d and the office disco	ntinued on the 31st day afte	r the date on which this sta	atement	is filed
	04/02	S)gnature of Resigning Agent			
If signing on behalf of a	n entity:				
	ABBIE HODGE		TAL	202	
	SENIOR VICE PRES	yped or Printed Name	LAHASS	2024 OCT -	- i i
		Capacity	SSEE	Ŧ	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability conditions and administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/	AM 11: 35	Ö

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314