L12000079615

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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
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SECRETARY OF STATE
TALLAHASSEE, FIORE

T. Burch FEB KA 2014



COVER LETTER .

TO: Registration Section
Division of Corporations

SUBJECT: Rocking J Properties, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Betty P. Jarrell

(Contact Person)

Rocking J Properties, LLC

(Firm/Company)

5940 Rocking Horse Road

(Address)

Orlando, FL 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

Betty P. Jarrell

...407

673-0243

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$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

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

CECRETARION FOR THE PARTY IN TH

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

The name of the limited liability company as it appears on the records of the Florida Department of State is: Rocking J Properties, LLC
 The Florida document/registration number of this limited liability company is: L12000079615
 The date this member withdrew or will withdraw is: October 30, 2013
 I, Elizabeth Coppens , hereby resign as a 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.

Filing Fee:

\$25.00 (Required)

Signature of Resigning or Dissociating Manager, Member

Certified Copy:

\$30.00 (Optional)