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B. BOSTICK
FEB 21 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: POLLEENT (Name of Limited L	ERPRISES LLC iability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Holly Tell (Contact Person)					
RollieenterpisesLLC (Firm/Company)					
4104 NW Cinnamon (Address)	Tree Cr				
Jensen Boh FL 30 (City/State and Zip Code)	1957				
For further information concerning this matter, pl	ease call:				
(Name of Contact Person) at (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$\square\$ \$\\$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				

CR2E079 (12/13)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a			Department 	
	ument/registration number	of this limited liability	company is:		
	mber withdrew or will with				1
4. I, Rich (Print N	ar L Tell ame of Person Resigning)	, hereby resign	as a Ma (Print Tit	le)	rember
	bility company and affirm			_	MAK
Risked	m. Tell				
Signature of Re	esigning or Dissociating M	lanager, Member	25 25	.5	
				المارية لـ ت	
Filing Fee:	\$25.00 (Required)			1 L E	
Certified Copy:	\$30.00 (Optional)		- 1 3 S	y - 569	