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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/	State/Zip/Phone	±#)		
PICK-UP	WAIT	MAIL		
(Busi	ness Entity Nam	ne)		
(Doci	ument Number)			
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Certified Copies Certificates of Status				
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TALLABASSET, FT ORID

B. BOSTICK

DEC 11 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rotti House LLC (Name of Limi	ited Liability Con	ipany)	
The enclosed member, managing member or filing.	manager resig	nation and fee(s) are sub	omitted for
Please return all correspondence concerning	this matter to:		
Mark Austin			
(Contact Person)		_	
Rotti House LLC			
(Firm/Company)		_	
8278 Bee Ridge Road			
(Address)		-	
Sarasota Florida 34241			
(City/State and Zip Code)		-	ALLAF:
For further information concerning this matter	er, please call:		The Self
Mark Austin	_{at (} 941	377-9663	
(Name of Contact Person)	(Area Code	& Daytime Telephone No	ımber) -
Enclosed please find a check made payable to	o the Florida D	Department of State for: \$55 Filing Fee &	e e
a 525 1 ming 1 ee	.	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section	
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle		Tallahassee. Florida 32314	

CR2E079 (5:06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Rot	limited liability company as it a	ippears on the records of the Fl	······································	
2. This limited liabi	lity company was organized un	der the laws of:	ALLAHASSEE	
3. The Florida docu L120001099	ment/registration number of the	is limited liability company is:	FK 4: 39	
4. I, Debra Austin (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)		
•	pility company and affirm the li			
Signature of Resi	Quoter gning Member, Managing Mem	nber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			