

L130000 91359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

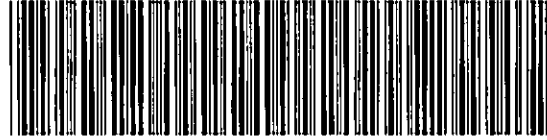
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JANUARY 13 2019

D. BRUCE
FEB 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debra P. Rochlin, L.L.C.
(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:

Debra P. Rochlin
(Contact Person)

Debra P. Rochlin LLC
(Firm/Company)

900 S Andrews Avenue
(Address)

Fort Lauderdale, FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Murray at (631) 276-4885
(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

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Debra P. Rochlin L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:

L13000091359

3. The date this member/manager ~~withdrew~~/resigned ~~or will withdraw/resign~~ is: 1/28/2019

4. I, Fabiana Meyers, hereby withdraw/resign as a
(Print Name of Person Resigning)

managing member.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Fabiana Meyers

Signature of Dissociating Member or Resigning Manager

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)