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COVER LETTER

Division of Corporations SUBJECT: RODCAS CONSULTING, 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: Joseph Barisic (Contact Person) ILFC. LLC (Firm Company) PO Box 154 (Address) New Suffolk, NY 11956 (City/State and Zip Code) For further information concerning this matter, please call: Joseph Barisic at (305) 915 9785 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a cheek made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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 th	ne Florida Department
of State is: ROD	CAS CONSULTING, LLC		<u> </u>
2. The Florida doc	ument/registration number as	ssigned to this limited liability	company is:
L13000094161		 ·	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign	18: <u>06/30/2021</u>
4. I. RODCAS CON:	SULTING CORP iame of Person Resigning)	hereby withdraw/resign	as a
MGR	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has	s been notified of my
(Ma)	Wet_		2021.
Signature of Di	ssociating Member or Resign	ning Manager	9-10r
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH 10: 2: