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#### **COVER LETTER**

Division of Corporations		
SUBJECT: ROPH LLC (Name of Limited Liability Company)	<del>-</del>	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:    Contact Person		
(Firm/Company)  1714 W 23Ro St Ste R  (Address)  (Address)	2019 FEB -8 PH 1: 29	
(City/State and Zip Code)	75 <b>29</b>	
For further information concerning this matter, please call:    Lulle   Lull   at (SD) 715-7155     (Name of Contact Person) (Area Code & Daytime Telephone Number	er)	
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee		

#### 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 (2/14)



### 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 Florid of State is:	la Department	
2. The Florida document/registration number assigned to this limited liability compared to the liability compared to the limited liability compared to the limited liability compared to the limited liability compared to the liability compared to	ny is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I,	14/19	
(Print Title)  of this limited liability company and affirm the limited liability company has been in	notified of my	ement parameter
resignation in writing.	8 PM 1: 2	g g g g g g g g g g g g g g g g g g g

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: