

L14000052768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

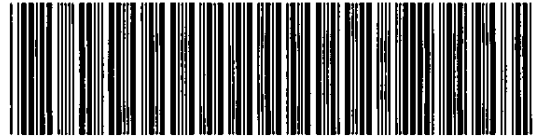
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/16/14--01002--011 \*\*55.00

FILED  
14 JUL 15 AM 8 58

1st

LLC Dis/Resign.

07/21/14  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2014

JOHN CARRIER  
ROCKIN JOHNNY ENTERPRISES LLC  
1706 EMERALD COVE DR.  
CAPE CORAL, FL 33991

SUBJECT: ROCKIN JOHNNY ENTERPRISES LLC  
Ref. Number: L14000052768

We have received your document for ROCKIN JOHNNY ENTERPRISES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

There is a fee of \$25.00 due.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list AMBR as the title Gary Skufca is resigning from in section #4.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 314A00015005

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** rockinjohnnyent.com llc  
(Name of Limited Liability Company)

RECEIVED  
14 JUL 15 AM 8:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

john carrier

(Contact Person)

rockinjohnnyent.com

(Firm/Company)

1706 Emerald cove drive

(Address)

Cape Coral Florida 33991

(City/State and Zip Code)

For further information concerning this matter, please call:

john carrier

(Name of Contact Person)

at 239 4919850

(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



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)

FILED  
14 JUL 15 AM 8:58

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

of State is: ROCKIN' Johnny ENTERPRISES LLC

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

L 140000 527 68

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/8/2014

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

50% PARTNERSHIP / AMBR  
(Print Title)

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

Gary Skufca

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)