

L 14 000052768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

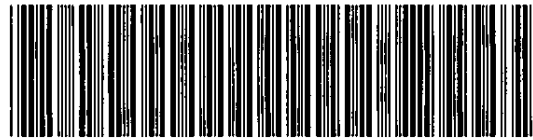
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 JUL 15 AM 8 58

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

RECEIVED
14 JUL 15 AM 8:59

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

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 at 239 4919850
(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



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)