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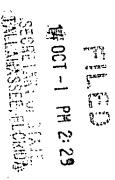
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: WOODROCKZ LLC				
(Name of Limited	d Liability Com	pany)		
The enclosed member, resignation or dissociation	on and fee(s)	are submitted for filing.		
Please return all correspondence concerning this	s matter to:			
JULIAN GALINDO				
(Contact Person)				
WOODROCKZ				
(Firm/Company)		•		
798 ORIENTA AVENUE APT. A				
(Address)		•		
ALTAMONTE SPRINGS, FL 32701				
(City/State and Zip Code)	<u></u>			
For further information concerning this matter, please call:				
JULIAN GALINDO	908 t (	400-8695		
(Name of Contact Person)	(Area Code d	& Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee		epartment of State for: 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		

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)

	limited liability company as	s it appears on the records of the	e Florida Department
2. The Florida docu L1400008686	<del>-</del>	ssigned to this limited liability o	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is	8/29/2014
		, hereby withdraw/resign	as a
(Print N CLERK	ame of Person Resigning)		
	(Print Title)		
of this limited lial resignation in wri		ne limited liability company has	been notified of my
Maria (	Salindo		ئ چې نام
Signature of Dr	ssociating Member or Resig	ming Manager	AVENTE DO THE PART OF THE PART
	\$25.00 (Required) \$30.00 (Optional)		7-1 PM 2:29