## L14 000 151908

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	VEROSEK, LLC		
		f Limited Liability Co	ompany)
The enclose	d member, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please return	n all correspondence concert	ning this matter to	:
Rafael J. C	Oropesa, Esq.		
	(Contact Person)		_
	(Firm/Company)		_
4160 West	t 16 Avenue, Suite 404		
	(Address)		_
Hialeah, Fl	L 33012		
	(City/State and Zip Code)		<del></del>
For further i	information concerning this	matter, please call	;
Rafael J. C	Oropesa, Esq.	305	647-9852
(1)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed plo ■ \$25 Filin	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Clifton Buil	Corporations ding		Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Taflahassee, Florida 32301



## 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 a	as it appears on the records of the Florida Department
of State is:	ROSEK, LLC	
2. The Florida doc	_	assigned to this limited liability company is 17 0C7 10
\/EB0\\\0.4		esigned or will withdraw/resign is: , hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
Manager / Me	ember	
	(Print Title)	
resignation in wr		the limited liability company has been notified of my igning Manager
<del>-</del>	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	