

**L14000163462**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**17 APR 24 AM 11:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**S Warren**

**APR 25 2017**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROCAG LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000163462

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marsha Dasch

Name of Person

Legalinc Corporate Services Inc

Name of Firm/Company

5850 Granite Parkway, Suite 215

Address

Dallas, TX 75287

City/State and Zip Code

support@legalinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaymi Saffold

at ( 844 ) 386-0178

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Legalinc Corporate Services Inc

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for ROCAG LLC

\_\_\_\_\_  
Name of Limited Liability Company

L14000163462

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Legalinc Corporate Services Inc*  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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