## L160000005461

(Re	questor's Name)					
(Address)						
(Address)						
•						
(CII	y/State/Zip/Phone	<del>#</del> )				
PICK-UP	☐ WAIT	MAIL.				
(Business Entity Name)						
(Do	ocument Number)	<del></del>				
Certified Copies	_ Certificates o	of Status				
Special Instructions to	Filing Officer:					
:						
<b>.</b>						





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08/23/16--01008--002 \*\*25.00

SLORENARY OF STATE



## **COVER LETTER**

Division of Corporations	
SUBJECT: ROCK STEADY JUICE JOINT NETS ILC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
TSROWA THOMPSON (Contact Person)	
(Contact Person)	
ROCK STEADY JUICE (Firm/Company)	
(Firm/Company)	
166 SONATA DTZ.  (Address)	
(Address)	
JUPITER, FL 33478	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
73726NDA 7HOMISON at (561) 371-8419	
(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 \$25 Filing Fee & Certified Copy \$25 Filing Fee \$25 Filing Fe	
AND	
STREET/COURIER ADDRESS: MAILING ADDRESS: S	-
Registration Section Registration Section $\frac{\Gamma}{\Gamma} = \frac{\Gamma}{\Gamma}$	П
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 or Tallahassee, Florida 32301	

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)

1. The name of the	limited liab	ility company	as it appea	rs on the re	cords of th	e Florida	Departmen	t
of State is:			• •					•
2. The Florida docu							' is:	
21600	00654	61	·					
3. The date this me	mber/manag	ger withdrew/	resigned or	will withdr	aw/resign	is: <u>8</u> -	20-16	
4. I, RODOLF								
	MTSETC (Print Title)		·					
of this limited lial resignation in wr	•	ny and affirm	the limited	liability co	ompany has	s been no	tified of my	
		Lyn			_	;	2016 TALL	
Signature of Di	sso <del>ciat</del> ing M	fember or Re	signing Ma	nager	_			
Filing Fee: Certified Copy:						,	22 P 4: 16 ART OF STATE SSEE, FLORIDA	FED