111000194334

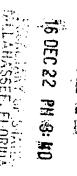
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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12/22/16--01021--009 **\$5.00



DEC 23 2016 Y SULKER

COVER LETTER

SUBJECT: ROSEDALE Builters (Name of Limited Liabili	. 444
(Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Dale Rose (Contact Person)	
(Contact Person)	
Rose Dale Builders, LLE (Firm/Company)	
5682 Ainscey CT	
BOYNTON Beach FC. 3343- (City/State and Zip Code)	7
For further information concerning this matter, please	call:
Dale Rose at (95 (Name of Contact Person) (Area	54 650-9200
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor □ \$25 Filing Fee □ \$55 F	ida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



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 as it appears on the records of the Florida Department
of State is:	ROSEDALE Builders, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
16000	194324
3. The date this men	mber/manager withdrew/resigned or will withdraw/esign is:
4. I, Robert	T Coldstriked, hereby withdraw/resign as a sign as a sign as a
MGA	Print Title)
of this limited liab	pility company and affirm the limited liability company has been notified of my
resignation in wri	oled
Signature of Dis	ssociating Member or Resigning Manager
_	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)