

L16000194796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

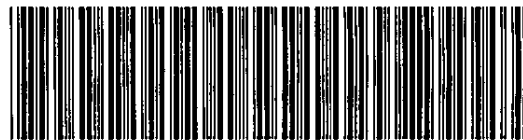
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCKIN ROLLIN BOWLING LLC
(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:

BERNARD M SASADA JR
(Contact Person)

ROCKIN ROLLIN BOWLING LLC
(Firm/Company)

3330 N LECANTO HWY
(Address)

BEVERLY HILLS FL 34465
(City/State and Zip Code)

For further information concerning this matter, please call:

BERNARD SASADA at (352) 302-8265
(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 ☐ \$55 Filing 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)

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17 JAN -9 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: ROCKIN ROLLIN BOWLING LLC

2. The Florida document/registration number assigned to this limited liability company is:

L16000194796

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/27/2016

4. I, CORTNEY L LYONS, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Cortney L Lyons
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED
17 JAN -9 PM 1:08
SECRETARY OF STATE
D. J. [Signature]