116000 206 483

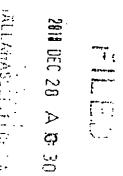
(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	<u>_</u>			

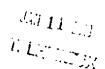
Office Use Only



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COVER LETTER

Division of Corporations				
SUBJECT: ROK BRGR INTERNATION	IAL LLC			
	nited Liability Co	ompany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to:	:		
Dean Wallace				
(Contact Person)				
ROK DELRAY, LLC				
(Firm/Company)		_		
4 East Atlantic Avenue				
(Address)				
Delray Beach, FL 33444				
(City/State and Zip Code)		_		
For further information concerning this matter, please call:				
Dean Wallace	954 at (907-0348		
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
Enclosed please find a check made payable t \$25 Filing Fee		Department of State for: g 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)



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 i	it appears on the records of t	the Florida Department
of State is: ROP	CBRGR INTERNATIONAL	LLC	
2. The Florida doct	ument/registration number ass	signed to this limited liability	y company is:
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/resigr	12/26/2018 1 is:
Manager	ame of verson kesigning)		
	(Print Title)		∑., ⊷
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company h	DEC 28
Signature of Di	ssociating Member or Resign	ing Manager	A B 3
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		30