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	(Requestor's Name)		
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PICK-U	P WAIT MAIL		
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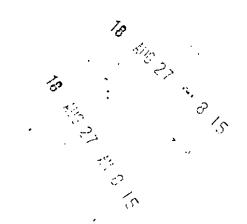
COVER LETTER

	CO: Registration Section Division of Corporations		
SUBJEC	ROCKET VENTURES, LL	С	
	(Name of L	imited Liability Con	ipany)
The enclo	osed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please re	turn all correspondence concernir	g this matter to:	
LEAH O)'DOR		
	(Contact Person)		-
ROCKE	T VENTURES, LLC		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-
12100 3	SIST CT N		
	(Address)		-
ST PET	ERSBURG, FL 33716		
	(City/State and Zip Code)		-
For furth	er information concerning this ma	utter, please call:	
LEAH O)'DOR	727 at (289-7652
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed □ \$25 Fi	please find a check made payable iling Fee		Department of State for: Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
	ecutive Center Circle see, Florida 32301		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)

	limited liability company as it appears on the records of the Florida Department CKET VENTURES, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
4. I. EUGENE S	, hereby withdraw/resign as a
MANAGER	Vame of Person Resigning) (Print Title)
resignation in w	bility company and affirm the limited liability company has been notified of my riting. issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)