

L18 000 262 125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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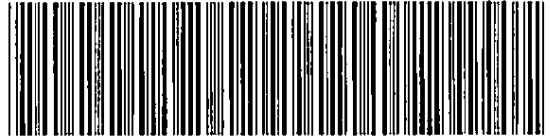
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ROCK FLEET MGMT 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:

CELIA ROMERA ESQUILIN  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

28231 SEASONS TIDE AVENUE  
\_\_\_\_\_  
(Address)

BONITA SPRINGS, FLORIDA 34135  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CELIA ROMERA ESQUILIN                      239                      287-0135  
\_\_\_\_\_  
(Name of Contact Person)                      at (                      )                      (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

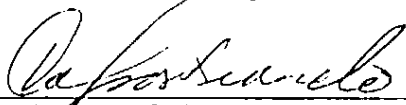
☒ \$25 Filing Fee                      ☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

DISSOCIATION OF MEMBER FROM  
FLORIDA 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: THE ROCK FLEET MGMT LLC.
2. The Florida document/registration number assigned to this limited liability company is: L18000262125.
3. The date this member withdrew/resigned is: January 5, 2024
4. I, CELIA ROMERA ESQUILIN, hereby withdraw/resign as a Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

DEPT. OF STATE  
TALLAHASSEE, FL

2024 FEB - 9 PM 4:24

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