## 119000 104011

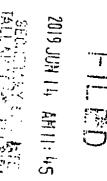
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: Red Rooster Properties LLC (Name of Limited Liability Company)
(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:
Corey Cottone (Contact Person)
Red Rooster Properties LLC (Firm/Company)
6381 98 ts Ter (Address)
Live Oak FL 32660 (City/State and Zip Code)
For further information concerning this matter, please call:
Corey Coutuse at (386) 209-5985 (Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bu\$ \\$25 \text{Filing Fee} \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

**TO:** Registration Section



## 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)

t. The norm of the	limited liability company a	s it appears on the records of the Florida Department
of State is: <u>Re</u>	d Rooster Prope	rties LLC
2. The Florida docu	ument/registration number a	assigned to this limited liability company is:
19000	104011	·
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: Tone 1, 2019
		hereby withdraw/resign as a high control of the con
(Print N	ame of Person Resigning)	
AMBR	)	
<del></del>	(Print Title)	
of this limited liab resignation in wr		he limited liability company has been notified of my
Manika	g. Couture	
Signature of Di	ssociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	