

L19 000176024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

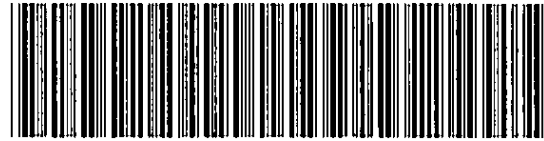
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/18/19--0101S--004 \*\*25.00

2019 OCT 18 PM 5:47  
FILED  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

NOV 04 2018  
T. LEMUEX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

J Rock's Tree Docs

**SUBJECT:** \_\_\_\_\_  
(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:

Jessica Hartmann

\_\_\_\_\_  
(Contact Person)

J Rock's Tree Doc's

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

930 S County Rd 419

\_\_\_\_\_  
(Address)

Chuluota, Fl 32766

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Hartmann

407

687-6838

\_\_\_\_\_  
(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

**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



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  
J Rock's Tree Doc's  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L19000176024  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/19  
Jessica Hartmann

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Owner  
\_\_\_\_\_  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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2019 OCT 18 PM 5:47  
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