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(Requ	estor's Name)	
(Addr	ess)	
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PICK-UP	☐ WAIT	MAIL
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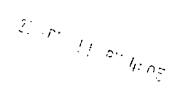
LALBRITTON

COVER LETTER

Division of Corp	orations		
SUBJECT: ROCKIN' K	SOD, LLC		
	(Name of L	imited Liability C	ompany)
The enclosed member, r	esignation or disso	ociation and fee	(s) are submitted for filing.
Please return all corresp	ondence concernir	ng this matter to) :
Kevin Kersey			
(0	Contact Person)		
Rockin' K Sod, LLC			
(F	irm/Company)		
3198 Tohopekaiga Drive			
	(Address)		
Saint Cloud, FL 34772			
(City/	State and Zip Code)	 	_
For further information	concerning this ma	atter, please cal	1:
Kevin Kersey		407 at (593 - 6033
(Name of Cont	act Person)	(Area Coo) de & Daytime Telephone Number)
-	heck made payable		Department of State for:
■ \$25 Filing Fcc		🖺 \$55 Fili	ng Fee & Certified Copy
Mailing Address:			Street Address:
Registration Sec			Registration Section
Division of Corp P.O. Box 6327	orations		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 816	
rummasse, i L	J 2 J17		Tallahassee, FL 32303

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)

1. The name of the	limited liability compan	y as it appears on the records of the Florida Department
of State is: ROCK	KIN' K SOD, LLC	
2. The Florida docu	ıment∕registration numb	er assigned to this limited liability company is:
3. The date this men	mber/manager withdrew	/resigned or will withdraw/resign is:
4. I, Paul K Kersey II		, hereby withdraw/resign as a
Chief Executive O		
((Print Title)	_ '
resignation in wri		m the limited liability company has been notified of my esigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	