## LZO 000 112540

(Requestor's Name	e)			
(Address)				
(Address)				
(City/State/Zip/Pho	ne #)			
PICK-UP WAIT	MAIL			
(Business Entity N	ame)			
(Document Number)				
Certified Copies Certificat	es of Status			
Special Instructions to Filing Officer:				

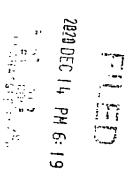
Office Use Only



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12/14/20--01023--001 \*\*25.00

94N 2 7 2021 S. YOUNG



## **COVER LETTER**

Division of Corporations	
SUBJECT: ROSE Blaz (Name of Limite	UVS d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Jamie Brown (Contact Person)	
Rose Blazers (Firm/Company)	
3981 Viamonte Lane	
Lakeland, FL 33810 (City/State and Zip Code)	
For further information concerning this matter.	please call:
Jamie Brown ; (Name of Contact Person)	(813) 569-8046 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  S55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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 record	s of the Florida Department
of State is:	ose Biazers		
2. The Florida docu	iment/registration number a	ssigned to this limited lia	ability company is:
L20 000	112540	·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/r	resign is: 18 - 8 - 20 20
4.1. Corly (Prior N	3000 ame of Person Resigning)	, hereby withdraw/i	resign as a
-Mgr	(Print Title)		
of this limited lial resignation in wri	bility company and affirm thiting.	e limited liability compa	my has been notified of my
(B			
Signature of Di	ssociating Member or Resig	ning Manager	2020 D
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	PER DEC 14 PH 6: