

h70 000217663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

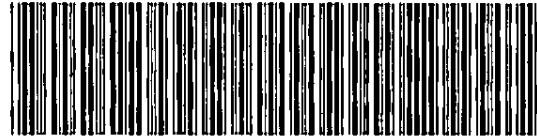
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/07/22--01024--022 \*\*25.00

**FILED**  
2022 FEB -7 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

Resignation

FEB 16 2022

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Rogue Consulting LLC

**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:

John P. Temperilli

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

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

510 All Saints St Apt #304

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

Tallahassee, FL 32301

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

For further information concerning this matter, please call:

John P. Temperilli

713

254-5825

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

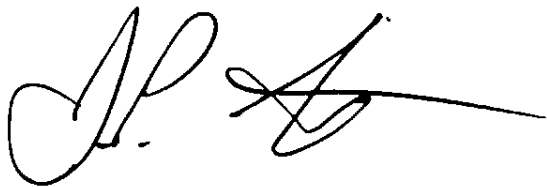
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

To Whom it may Concern:

I never approved association with  
Rogue Consulting LLC. My name & likeness  
were used without my knowledge.

Don't hesitate to call.

Respectfully

A handwritten signature in black ink, appearing to be 'J. A.' followed by a long horizontal stroke.

713. 254. 5825



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
2022 FEB -7 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

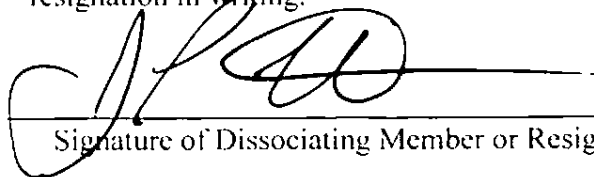
1. The name of the limited liability company as it appears on the records of the Florida Department  
Rogue Consulting LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
120000217663  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/23/20  
John P. Temperilli

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