

170000262467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

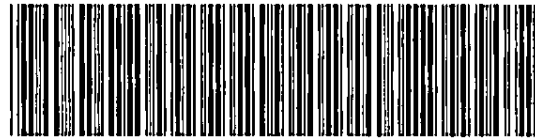
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FL

C. BRUMBLEY  
FEB 25 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROOMTECH, LLC  
(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:

William Moretti

(Contact Person)

(Firm Company)

555 NE 15th St. #24F

(Address)

Miami, FL 33132

(City, State and Zip Code)

For further information concerning this matter, please call:

William Moretti

(Name of Contact Person)

at ( 786 )

451-6969

(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



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 of State is: ROOMTECH, LLC

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

L20000262467

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/07/2021

4. I, William Moretti, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

member and a manager  
*(Print Title)*

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

*William Moretti*

Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2022 FEB 18 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FL