121000057618

(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
<u> </u>						
Special Instructions to Filing Officer:						

Office Use Only

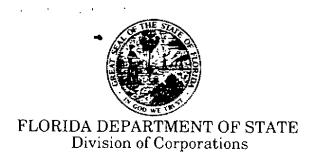


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August 18, 2021

ROCKIN HRT 4640 N FEDERAL HWY, STE D FT. LAUDERDALE, FL 33308

SUBJECT: ROCKIN HRT, LLC Ref. Number: L21000057618

We have received your document for ROCKIN HRT, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for RA resignation. Traci Scaletta is CEO.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 121A00019737

www.sunbiz.org

COVER LETTER

Division of Corporations
SUBJECT: ROCK HRT (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:
Roxanne Barber (Contact Person)
RCCKIN HRT (Firm/Company)
4640 N Federal Hwy SteD (Address)
FT Lauder dale, FL 33308 (City/State and Zip Code)
For further information concerning this matter, please call:
Rox anne Barber at (5954) 236 (6694) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\text{ \$\sigma \text{ \$\sigma \text
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

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 of State is:	limited liability co	mpany as it a	ppcars on the rec	ords of the Flori	da Department
3. The date this me 4. I, Vaci (Print N	ument/registration resident of Person Resigning (Print Title)	\\ drew/resigne		w/resign is:	ny is: 187 DE STATE
Signature of Di	\$\frac{23}{23} \right 23 21 ssociating Member	or Resigning		npany has been i	notified of my
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Optiona	,			