K21000124878

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	<i>f</i>)
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations ROCKY BLUFF GRANDE 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: Michael M. Carter (Contact Person) ROCKY BLUFF GRANDE LLC (Firm/Company) 435 12th Street West (Address) Bradenton, FL 34205 (City/State and Zip Code) For further information concerning this matter, please call: Kristen A. Merritt 745-1700 at ((Name of Contact Person) (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: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department KY BLUFF GRANDE LLC
2. The Florida docu L21000124878	ament/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 03/23/2022
Malaran A. Mand	
Member	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Xa J	nemit
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)