## L21000172714

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
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(6:)	101-1-181 (D) -	- 40
(Cit	y/State/Zip/Phone	<b>9 #</b> )
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
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(Do	cument Number)	·
(50)	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

_	ration Section on of Corporations		
	REBEL ROLLS, LLC		
_	(Name of Limit	ed Liability Con	npany)
The enclosed	member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please return a	all correspondence concerning th	nis matter to:	
Christopher R. S	mith		
	(Contact Person)		_
REBEL ROLLS.	, LLC		
	(Firm/Company)		<b></b>
3037 Dickinson	Drive		
	(Address)		-
Tallahassee, Flor	rida 32311		
	(City/State and Zip Code)	_	-
For further inf	ormation concerning this matter	, please call:	
Christopher R. S	mith	at (850	, 339-3590
(Nai	me of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pleas ■ \$25 Filing	se find a check made payable to Fee		Department of State for: g Fee & Certified Copy
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



## 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)

of State is:	EL ROLLS, LLC	
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L21000172714		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: November 2, 2021
Margarot A. Sn	nith	
(Print N	Same of Person Resigning)	, hereby withdraw/resign as a
member and author	orized representative	
	(Print Tiple)	
resignation in wr	riting.	the limited liability company has been notified of my
Signature of Di	issociating Member or Res	gning Manager
	O	5% <b>20</b>
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	OV 10 PM 1:

CR2E079 (2/14)