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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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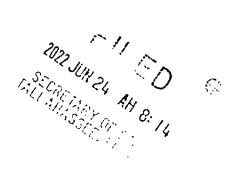
SECRETARY OF STANLARY SECRETARY

<u>ز: :</u> ;

COVER LETTER

Division of Corporations				
SUBJECT:	Rockstone Investments LLC			
oobobor.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or di	ssociation and fee((s) are submitted for filing.	
Please returr	n all correspondence concer	ning this matter to	:	
Isabel M Lino	Sousa			
	(Contact Person)		_	
	(Firm/Company)			
14494 64th Wa	ay N			
	(Address)			
Palm Beach G	ardens,. FL 33418			
	(City/State and Zip Code)		_	
For further in	nformation concerning this	matter, please call	:	
Isabel Lino So	ousa	631 at (299-1397	
(N	lame of Contact Person)	(Area Cod	c & Daytime Telephone Number)	
Enclosed ple	ease find a check made paya	able to the Florida	Department of State for:	
☐ \$25 Filin			ng Fee & Certified Copy	
	ng Address:		Street Address:	
	stration Section sion of Corporations		Registration Section Division of Corporations	
	Box 6327		The Centre of Tallahassee	
Talla	shassee, FL 32314		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)

Б. 1.	limited liability company as	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I,		, hereby withdraw/resign as a
(Print No	ume of Person Resigning)	
AMBR		
(Print Title)	
of this limited liab resignation in wri	- · ·	ne limited liability company has been notified of my
Signature of Dis	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	