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COVER LETTER

TO: Registration Section Division of Corporations	
RCKR LLC SUBJECT:	
(Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
KARISSA KAVANAGH	
(Contact Person)	
RCKR LLC	
(Firm/Company)	
9841 Bayboro Bridge Dr	
(Address)	<u> </u>
Tampa, FL 33626-1808	
(City/State and Zip Code)	
For further information concerning this matter, please cal	11:
KARISSA KAVANAGH 702 at (600-0613
	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee	a Department of State for: ing 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



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SECRETARY OF STATE TALLAHASSEE, FL

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)

	name of the limited liability company as it ap	pears on the records of the Florida Department.
	: Florida document/registration number assign	ed to this limited liability company is:
3. The	date this member/manager withdrew/resigned	d or will withdraw/resign is:
4. I ,	ichard Kavanagh (Print Name of Person Resigning)	, hereby withdraw/resign as a
	ANAGER	
	(Print Title) is limited liability company and affirm the limenation in writing.	nited liability company has been notified of my
1	RKON	
Sig	gnature of Dissociating Member or Resigning	Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: