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(Requestor's Name)		
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	 ne)
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	ument Number)	
(DOC	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
Special matructions to 1	iling Officer.	
J. HORNE		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Team KOC,	LLC
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
David L Ham (Contact Person)	
(Contact Person)	
Team ROC, LLC	
1298 Wetland Ridge (Address)	Cir.
Middleburg, FL 32 (City/State and Zip Code)	2068
For further information concerning this matter	er, please call:
David L, Ham (Name of Contact Person)	at (904) 203-0146 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	o the Florida Department of State for: ☑ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, 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

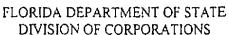
(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department am ROC, LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:// Oct 23
4.I. Joanne	Beepot, hereby withdraw/resign as a many many many many many many many ma
N	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Jenna	repot
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Team ROC, LLC (Name of Limited Liability Corr	ppany)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:		
David L Ham	-	
Team ROC LLC (Firm/Company)	-	
1298 Wetland Ridge Cir.	-	
Middleburg, FL 32068 (City/State and Zip Code)	-	
For further information concerning this matter, please call:		
David L, Ham at (904) (Name of Contact Person) (Area Code	203-0146 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee		
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	





FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

Party Sylves DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Team ROC, LLC. 2. The Florida document/registration number assigned to this limited liability company is: 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11 Oct 23 4. I, Joanne Beepot , hereby withdraw/resign as a (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)