122000198331

(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		JAN - 5 2023
		

Office Use Only



300420007673

12/07/35--01008--023 (**55.00)



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Roscoe's MFL, LLC (Name of Limited Liability Compa	eny)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Cassandia Pompey (Contact Person)			
(Firm/Company)			
1579 B Jacks DR (Address)			
Tallchessee F2 32301 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) (Area Code &	593-3,95 Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$			
Registration Section R Division of Corporations D P.O. Box 6327 T Tallahassee, F1, 32314 22	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303		



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

(Pursuant to 605,0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: $\overline{\mathcal{R}}$	oscoe's mfl, LLC
2. The Florida docu	ament/registration number assigned to this limited liability company is:
L2200	00198331
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{8/30/2023}{2000}$
4.1. Cassand (Print N	hereby withdraw/resign as a hare of Person Resigning)
mgr	(Prim Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Coastan	diefondey-
/Signature of Di	ssociating Methber or Resigning Manager
~	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ROSCOES MFL, LLC (Name of Limited Liability Co	mpany)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Cassandra Pompey (Contact Person)	_			
(Firm/Company)	_			
1579 B Jacks DR (Address)	_			
Tallchessee F2 32301 (City/State and Zip Code)	_			
For further information concerning this matter, please call:				
(Name of Contact Person) at (954) (Area Code	593-3195 & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$				
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			

CR2E079 (2/14)