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(	Requestor's Name)	
(.	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT [	MAIL
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROSCONE ACUED, UC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Cr. Sty MCCOSKer (Kontact Person)
Rosedule Acres UC (Firm/Company)
14145 256th Street
Pose Jak Dt 11422 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (917) 864-8349 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \square\$ \$\square\$ \$\sq
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



## 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)

1. The name of the limited liability company	as it appears on the records of the Florida Department
of State is: Rusedale 1	fores, UC.
2. The Florida document/registration number	assigned to this limited liability company is:
L2200041230	<u>xo_</u> .
3. The date this member/manager withdrew/r	esigned or will withdraw/resign is: $\frac{7}{1}$ 2024
4. I, Donald MC (OS) (Print Name of Person Resigning)	hereby withdraw/resign as a
(Print-Title)	
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Donald? MC	Code
Signature of Dissociating Member or Res	igning Manager
	<b></b>
Filing Fee: \$25.00 (Required)	<del>ن</del> ب
Certified Copy: \$30.00 (Optional)	
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