L23000096106

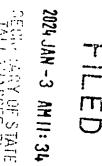
| Via | | | | | | |
|---|--|--|--|--|--|--|
| (Requestor's Name) | | | | | | |
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | |
|---------------|---|---|
| | Division of Corporations | |
| SUBJ | IECT: ROKMOR LLC | |
| | (Name of Limite | d Liability Company) |
| The e | nclosed member, resignation or dissociat | ion and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning th | is matter to: |
| Elio u | Verneuil | |
| | (Contact Person) | |
| | (Firm/Company) | |
| 410 ce | dar avenue | |
| | (Address) | |
| new sr | nyrna beach/florida 32169 | |
| | (City/State and Zip Code) | |
| For fu | urther information concerning this matter | . please call: |
| ROKM | (Name of Contact Person) | 774 2259032 |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclo | sed please find a check made payable to | the Florida Department of State for: |
| | • | □ \$55 Filing Fee & Certified Copy |
| | Mailing Address: | Street Address: |
| | Registration Section Division of Corporations | Registration Section Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 81 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 a: MOR LLC | s it appears on the records of | f the Florida Department | |
|-------------------------------------|--------------------------------------|----------------------------------|---|--|
| 2. The Florida doc 1.23000096106 | ument/registration number a | ssigned to this limited liabil | ity company is: | |
| 3. The date this mo | ember/manager withdrew/res | signed or will withdraw/resigned | gn is: | |
| Eliott Verneuil | | hereby withdraw/resign as a | | |
| (Print N | Jame of Person Resigning) | , hereby withdraw/resi | igh as a | |
| AMBR | | | | |
| | (Print Title) | | | |
| resignation in wr | iting. | he limited liability company | has been notified of my | |
| -Signature of D | ssociating Member or Resig | gning Manager | (2 N | |
| | | | 2024 JAN - 3 SECS: 1/48 TAS: 1/48 | |
| | \$25.00 (Required) | | | |
| Certified Copy: | \$30.00 (Optional) | | | |