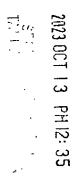
## 

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Cashess Zini, Tano,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
li init					





16/13/29--31086--001 \*\*25.00





## **COVER LETTER**

Division of Corporations					
SUBJECT: Rasco Home Watch LLC (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:					
Herbert J Rassatt III (Contact Person)					
Rasco Home Watch LLC (Firm/Company)					
16187 Bacopa Or ALVA FL 33920 (Address)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Herbert Rassatt III at (612) 987-23/2 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum{1}{2}\$ \$\sum{2}\$ \$\sum{5}\$					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

**TO:** Registration Section



## 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 record	s of the Florida Department
of State is: <u>Re</u>	isco Home Watch	LLC	·
	ument/registration number as: 02.26.366	signed to this limited lia	ability company is:
4.1. Julie N	ember/manager withdrew/resi Rassa++ Jame of Person Resigning)	gned or will withdraw/r	
of this limited lia resignation in wr	GR (Print Title)  bility company and affirm the iting.  Management of Resign		any has been notified of mystall 13 PHI2: 34
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		