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(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	r	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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SECRELAREF FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Rock Hill Estates, LLC	d Liability Company)
(Name of Limited	a Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	lember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Connie Dishong	
(Name of Person)	
Rock Hill Estates	
(Firm/Company)	
3804 Horsemint Trail	<u></u>
(Address)	
Lexington, KY 40509	
(City/State and Zip Code)	11-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
For further information concerning this matter, plea	se call:
Connie Dishong a	t (859) 226-2312
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	••
\$25 Filing Fee	\$55 Filing Fee &
– •	Certified Copy
CR2E079 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Melinda H. Harpe	, hereby resign as member		
	(Title)		
of Rock Hill Estates, LLC		,	
(Limited Liabili	ty Company)		
a limited liability company organized under the lav	vs of the State of Kentucky	,	
and affirm that the limited liability company has be	en notified in writing of the resignation.		
(Signature of resigning manager, r	ří – T	OF AUG 22 AM II: 27	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314