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(Re	questor's Name)	
,		
(Ad	dress)	
· (Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Na	me)
(Do	cument Number	
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Special Instructions to	Filing Officer:	
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Office Use Only



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04/01/09--01009--011 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: Sunrock Ventures	Managemen LLC n Limited Liability Company)	
(Name of Foreign	a Limited Liability Company)	
Dear Sir or Madam:		
Dear Sir of Madain.		
The enclosed withdrawal and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this man	tter to the following:	
· · · · · · · · · · · · · · · · · · ·		
Name of Person)		. :
(Name of Person)		
		•
(Firm/Company)		
(,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,		
- 1 4 - 1		
210 S. Hesperde Street (Address)		,
(Address)		
Tampe & 33608 (City/State and Zip Code)		14
Jampe PL 33608		
(City/State and Zip Code)		1.
		Ŷ
For further information concerning this matter, pleas	se call:	
11 0 11	0.2 /0.2 4/83	
Take Cornel	at (S13) 597-4683 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
	•	ř
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	:3
Registration Section Division of Corporations	Division of Corporations	s Vå
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		i.
Enclosed is a check for the following amount: γ		
X\$25 Filing Fee	\$55 Filing Fee & \$60 Filing Fee,	* -
	Certified Copy Certified Copy Certified Copy Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Sunrock Ventures Monogements LCC	
(Name of fimited liability company)	
Delawere	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and stauthority to transact business in this state.	urrenders its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida.	ot service on based on a la.
210 5. lkspendes Street (Mailing address)	_
(Mailing address)	
Tange FL 33609 (City/State/Zip)	
(City/State/Zip)	_
The limited liability company agrees to notify the Department of State in the fichange in its mailing address. (Signature of member or authorized representative of a member)	iture of any
Tak A. Garrel (Typed or printed name of signee)	09 APR SECRET
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Filing Fee: \$25.00