

M11000001011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

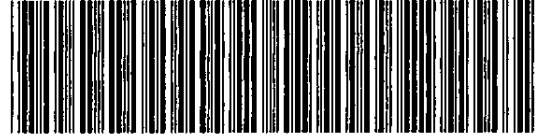
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900226134199

03/30/12--01008--013 **25.00

FILED
12 APR 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 19 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2012

ROSEMARIE ROSSE / RMR INVESTMENTS, LLC
34055 MONTErrAY AVE.
FRANKFORD, DE 19945

SUBJECT: ROSEMARIE ROSSE, LLC
Ref. Number: M11000001011

We have received your document for ROSEMARIE ROSSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00010781

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

ROSEMARIE ROSSE, / RMR Investments, LLC
(Name of limited liability company)

Maryland.
(Jurisdiction of its organization)

M11000001011
(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

34055 Monterray Ave.
(Mailing address)

Frankford De 19945
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

R. Rosse
(Signature of member or authorized representative of a member)

(Typed or printed name of signee)

Filing Fee: \$25.00