M1300000 2296

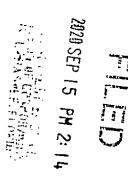
(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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OCT 24 2020 S. YOUNG

COVER LETTER

TO: Registration Division of	n Section Corporations		:
	ROCKFILL, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all corr	respondence concerning this	matter to the following	:
Bryan Loiselle			
	(Name of Person)		
R.T. Moore Co., Inc	: .		
	(Firm/Company)		
6340 La Pas Trail			
	(Address)		•
Indianapolis, IN 463	268		
	(City/State and Zip Coo	ie)	•
For further informati	ion concerning this matter, p	olease call:	
Bryan Loiselle		317 at (291-9949)
()	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	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		ration Sections on of Corporations sox 6327
Enclosed is a check	for the following amount:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2751 ROCKFIL	L, LLC		
	(Name of limited liability company)		
	Indiana		
	(Jurisdiction of its organization)		
	(Date registered with Florida Department of State)		
M131	300002296		
	(Florida Document Number)		
This limited b			
	iability company is withdrawing its certificate of authority in thi	s state.	
	e, if other than the date of filing:	(optional	
	days after filing.)	rate of filling of	
	ate inserted in this block does not meet the applicable statutory f	filing requirem	ents,
this date will i	not be listed as the document's effective date on the Department	of State's reco	ords.
	Bryan Loiselle (Signature of authorized representative)		
	(Signature of authorized representative)	·	
	Bryan Loiselle		
	(Typed or printed name of signee)		
		7.57	3 3 3
)

		<u> </u>	
		Fig. 3	$\overline{\Pi}$
		55. V	U
	Filing Fee: \$25.00	*	
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