

M1300000 2296

(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



200351595632

09/15/20--01024--008 **25.00

FILED
2020 SEP 15 PM 2:14
RECEIVED
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

OCT 24 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2751 ROCKFILL, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence 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 46268

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Loiselle

(Name of Person)

317 291-9949
at (_____) _____
(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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2751 ROCKFILL, LLC

(Name of limited liability company)

Indiana

(Jurisdiction of its organization)

April 9th, 2013

(Date registered with Florida Department of State)

M13000002296

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 1/1/2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Bryan Loiselte

(Signature of authorized representative)

Bryan Loiselte

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2020 SEP 15 PM 2:14
FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FL 32399