

M15000001749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

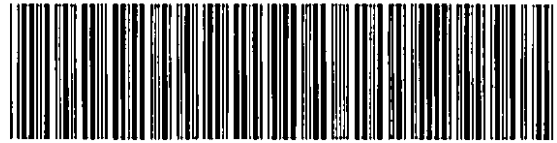
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Roco & Vito, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dawn Enrico

\_\_\_\_\_  
(Contact Person)

Roco & Vito, LLC

\_\_\_\_\_  
(Firm/Company)

1203 SW 34th Terr

\_\_\_\_\_  
(Address)

Cape Coral, Florida 33914

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Enrico

239

789-0256

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

18 AUG 20 AM 8:52  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

LED

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Roco & Vito, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M15000001749

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-4-16  
Dawn Enrico

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)