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H22000301387ABC

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HAWK ARENDALL HARRISON SALE LLC  
Account Number : 128198060128  
Phone : (850)769-3434  
Fax Number : (850)769-6121

LLC DISSOLUTION OR WITHDRAWAL  
ROCKWELL THARP IMPORTS, LLC

Certificate of Status	1
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Estimated Charge	\$30.00

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FLORIDA DIVISION OF CORPORATIONS  
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T. LEMIEUX  
SEP - 2 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_  
(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:

Jane Kerrigan

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

Hand Arendall Harrison Sale

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

111 N. County Hwy 393, Ste. 203

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

Santa Rosa Beach, FL 32459

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

For further information concerning this matter, please call:

Jessica Campfield \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

MailingAddress:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

StreetAddress:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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To: . . . Page: 4 of 4

2022-09-01 13:58:34 CDT

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From: Santa Rosa Beach Receptionist

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rockwell Tharp Imports, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

8/5/2021

(Date registered with Florida Department of State)

M21000010099

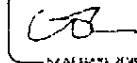
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (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.

DocuSigned by:



SCAF 8435 2009404A

(Signature of authorized representative)

Cameron Tharp

(Typed or printed name of signee)

FL

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
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