L07000080011

(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



900207019849

05/04/11--01038--029 **25.00

DIVISION OF CORPORATION

11 MAY -4 AM 11: 15

T. HAMPTON

MAY - 6 2011

EXAMINER

COVER LETTER

SUBJECT: RLRG, LLC				
Name of Limited Liability Company				
DOCUMENT NUMBER: L07000080011	MBER: <u>L07000080011</u>			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sufor filing.	ıbmitted			
Please return all correspondence concerning this matter to the following:				
Bret Jones				
Name of Person				
Bret Jones, P.A.				
Name of Firm/Company				
Clermont, FL 34711 City/State and Zip Code				
bjones@bretjonespa.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Denise Cazobon, Esq. at (352) 394-4025 Name of Person Area Code & Daytime Telephone Number				

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section

Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of se	ection 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
E	Bret Jones , P. A. of Registered Agent	, hereby resigns as
Name	of Registered Agent	,,,
Registered Agent for	RLR	G, LLC
	Name of Limited Liability Compa	ny ,
L070000800		
Document Number, if	`known	
A copy of this resignation was	mailed to the above listed limited	l liability company at its last known address.
The agency is terminated and the	he office discontinued on the 31s	t day after the date on which this statement is filed
If signing on behalf of an entity	Signature of Resigni	ing Agent
	Bret Jones, P.A.	
	Typed or Printed Name	
	Capacity	

FILING FEES:

\$ 85.00
\$ 25.00
Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314