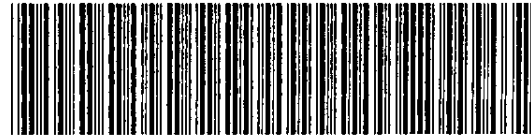


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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RLRG, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000080011

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bret Jones  
Name of Person

Bret Jones, P.A.  
Name of Firm/Company

700 Almond Street  
Address

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

