19900001385

(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



900331872479

900331872479 07/12/19--01001--007 ***425.00

19 JUL 11 配业 05 2019 JUL 11 Ail 10: (

T GLASS JUL 1 2 2019 FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

RMN INVESTMENT, LLC

PLEASE RETURN A PLAIN COPY

CK# 8281

FOR:

\$425.00

(\$85.00 for this filing)

THANK YOU!

2019 JUL 11 AH 10: 05

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisior	ns of section 605.0115, Florida Statutes, the	e undersigned,	
ATRIUM REGISTERED AGENTS, INC.		, hereby resigns as	
	Name of Registered Agent	,	
Registered Agent for R	MN INVESTMENTS, LLC		-
	Name of Limited Liability Company		٠.
L99000001385			
Document Nu	mber, if known		
	on was mailed to the above listed limited liad and the office discontinued on the 31st day	ay after the date on which this statement is	
If signing on behalf of a	1/	HA I TOP 610	FILED FILED
		:: : : : : : : : : : : : : : : : : : : :	

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

3