

M12000007162

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : INCORPORATING SERVICES, LTD.
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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DIVISION OF CORPORATIONS
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LLC REGISTERED AGENT RESIGNATION RG PARENT LLC

Certificate of Status	0
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Page Count	02
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RG PARENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M12000007162

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:

Amanda Archambault
Name of Person

Incorporating Services, Ltd.
Name of Firm/Company

3500 S DuPont Highway
Address

Dover, DE 19901
City/State and Zip Code

aarchambault@incserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Archambault at (302) 531-0712
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, Incorporating Services, Ltd., hereby resigns as

Name of Registered Agent

Registered Agent for RG PARENT LLC

Name of Limited Liability Company

M12000007162

Document Number, if known

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

A Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

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