

U6000 167976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

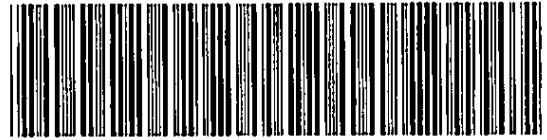
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/04/18--01004--
DEC-11 P 10:30
FILED
\$200.00

D. SCOTT
DEC 10 2018

TO: Registration Section
Division of Corporations

SUBJECT: Ride Florida MX LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000167976

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:

Kent Rockwell
Name of Person

Universal Registered Agents, Inc.
Name of Firm/Company

PO Box 23788
Address

Overland Park, KS 66283
City/State and Zip Code

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

For further information concerning this matter, please call:

Kent Rockwell at (855) 236-9172
Name of Person Area Code Daytime Telephone Number

FILED
DEC - 4 P 10:30

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Universal Registered Agents, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Ride Florida MX LLC

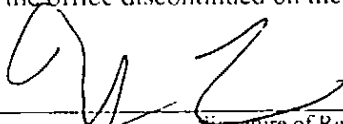
Name of Limited Liability Company

L16000167976

Document Number, if known

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Kent Rockwell

Typed or Printed Name

CEO

Capacity

FILED
DEC -4 P 10:34
TALLAHASSEE, FLORIDA

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