

L18000029074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*RA Resignation*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RPF LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000029074

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:

Dena La Porta  
Name of Person

ZenBusiness  
Name of Firm/Company

702 San Antonio Street, 4th Floor  
Address

Austin, TX 78701  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dena La Porta at (512) 237-7349  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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DIVISION OF CORPORATIONS  
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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,

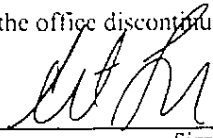
ZB Agents LLC \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for RPF LLC \_\_\_\_\_  
Name of Limited Liability Company

L18000029074 \_\_\_\_\_  
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:

Arturo Flores \_\_\_\_\_  
Typed or Printed Name  
Manager \_\_\_\_\_  
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

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 15 AM 10:56