855689

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. 40
. (CII	y/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
·		
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	\$	35.00

Office Use Only

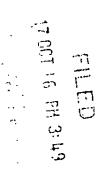


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10/17/17--01014--001 **\$95.00

S TALLENT OCT 18 2017

RP-Resign



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RENTENBACH CONSTRUCTOR	RS INCORPORATED
(Name of Corporat	ion)
DOCUMENT NUMBER: 855689	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Amanda Archambault	_
(Name of Person)	
COGENCY GLOBAL INC.	
(Name of Firm/Company)	•
850 New Burton Rd Suite 200	
(Address)	-
Dover, DE 19904 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
To rather information concerning this matter, prease call.	
Amanda Archambault at (Name of Person) at (Area Code	621-3524 ext. 3041 & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.150)9,
Florida Statutes, the undersigned, CC	DGENCY GLOBAL INC.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	RENTENBACH CONSTRUCTORS INCORPO	RATED
netwy realgha do regimered rigent for	(Name of Corporation)	
855689		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last known	address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on	which
_ AArch	ampault	7
(5	ignature of Resigning Agent)	99
If signing on behalf of an entity:		
		5 P 图
Amanda Arch	ambault	F 0
	(Typed or Printed Name)	PH 3: 49
		5
Assistant Sec	retary	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314