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SEURETARY OF STATE ALLAHASSEE, FLORIDA

JAN 0.6 2015

COVER LETTER

DOCUMENT NUMBER: 40300000588
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:
TEPPREY ACMIRON Name of Person
RTG TANESTMENTS LLC Name of Firm/Company
9350 US HWY 192 SUITE 104 Address
CLERMONT, FC 34714 City/State and Zip Code
BINIONS BACK Q AOL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEFFREY ACMIRON at (407) 341-4495 Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

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 o	f section 605.0115	5, Florida Statutes,	the undersigned	l ,			
RAFAEL	ROSAL	70	, hereb	y resigns as			
Na	me of Registered Agen	ıt	· ·				
Registered Agent for						-	
·RT	6 FN	VESTME	FUTS	LLC		.,	
	Name of Limi	ited Liability Company					
2030000 Document Number	588 er, if known						
A copy of this resignation w	vas mailed to the al	bove listed limited	liability compar	ny at its last known	address.		
The agency is terminated an	nd the office discor	ntinued on the 31st	day after the da	ite on which this sta	itement is	s filed.	•
_	Rafa	Signature of Resignin	g Agent				
If signing on behalf of an er	ntity:						
	RAFAEL TY	ROSADO yped or Printed Name		_	SECRE TALLAH	14 DEC	٦
	· · · · · · · · · · · · · · · · · · ·	Capacity			TARY OF ASSEE, I	30 PH	FILED
	FILING \$ 85.00 \$ 25.00	FEES: Active limited lia Administratively withdrawn limite	ability company dissolved/ volued liability com	/ untarily dissolved/ ipany	F STATE FLORIDA	12:44	E C

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