

L03000017264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

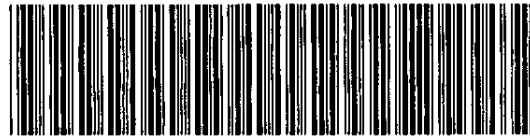
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/13--01019--005 **25.00

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2013 AUG 30 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 3 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RALPH RUGO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000017264

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:

TONY ANTONIOUS

Name of Person

Name of Firm/Company

18298 SUNSET BLVD.

Address

REDINGTON SHORES FL 33708

City/State and Zip Code

NASHAATANTONIOUS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY ANTONIOUS

Name of Person

at (**727**) **6392955**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

FILED
2013 AUG 30 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2013

TONY ANTONIOUS
18298 SUNSET BLVD.
REDINGTON SHORES, FL 33708

SUBJECT: RALPH RUGO, LLC
Ref. Number: L03000017264

FILED
2013 AUG 30 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RALPH RUGO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 113A00019936

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

TONY ANTONIOUS

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **RALPH RUGO, LLC**

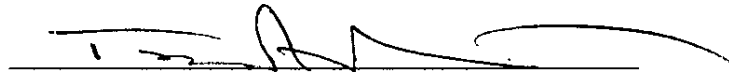
Name of Limited Liability Company

L03000017264

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:

Typed or Printed Name

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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2013 AUG 30 PM 2:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE