## L03000021143

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## **COVER LETTER**

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TO: F	Registration Section Division of Corporations
SUBJE	RMB Holdings, LLC
	Name of Limited Liability Company
DOCUM	MENT NUMBER: L03000027143
The encl	losed Resignation of Registered Agent for a Limited Liability Company and fee are submitted g.
Please re	eturn all correspondence concerning this matter to the following:
Christo	pher H. Norman
	Name of Person
Hines N	Norman Hines, P.L.
	Name of Firm/Company
315 S.	Hyde Park Ave
	Address
Tampa	, FL 33606
	City/State and Zip Code
E-m	nail address: (to be used for future annual report notification)
For furtl	her information concerning this matter, please call:
Christo	pher H. Norman 813 251.8659
	Name of Person at () Area Code Daytime Telephone Number
	ed is a check made payable to the Florida Department of State for \$85.00 for an active limited company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited company.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

INHS17 (2/14)

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605,0115	, Florida Statutes, th	e undersigned,	
Christopher H. Norman			, hereby resigns as	
	Name of Registered Agent	t	, noreey reargine (	as 14 SEP 26
Registered Agent for _	RMB Holdings, LL	.C		
	Name of Limi	ted Liability Company		P
L03000027143				
Document 1	Number, if known	<del></del>		
A copy of this resigna	tion was mailed to the al	bove listed limited li	ability company at its la	st known address.
The agency is termina	ted and the office discor	usilon	81	ch this statement is filed.
		Signature of Resigning	Agent	
If signing on behalf of	an entity:			
	Ту	ped or Printed Name		
		Capacity		
,				

**FILING FEES:** 

\$ 25.00

Active limited liability company
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withdrawn limited liability company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