

L030000037148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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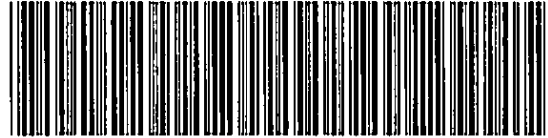
(Business Entity Name)

(Document Number)

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MAY 04 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R&B AMUSEMENTS, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L03000037148

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:

ROBERT A. BONNEZZI

Name of Person

Name of Firm/Company

PO BOX 5497

Address

DESTIN, FLORIDA 32540

City/State and Zip Code

michele@bonezzidevelopment.com

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

For further information concerning this matter, please call:

ROBERT BONEZZI

at (850) 650-4725

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LARRY KEEFE

, hereby resigns as

Name of Registered Agent

Registered Agent for R&B AMUSEMENTS, L.L.C.

Name of Limited Liability Company

L03000037148

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.

Lawrence Keefe
Signature of Resigning Agent

If signing on behalf of an entity:

Lawrence Keefe
Typed or Printed Name

Capacity

FILED
2010 MAY - 3 AM 11:46
TALLAHASSEE FLORIDA

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withdrawn limited liability company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