

L04000046241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

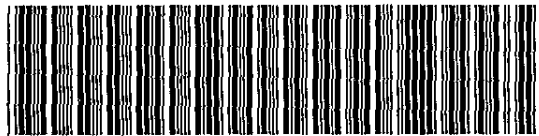
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600054894426

05/26/05--01044--006 \*\*85.00

L04-46241

FILED  
05 JUN -3 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RCB Financial Management L.L.C.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000046241

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:

Alison Gentry  
(Name of Person)

Business Filings Incorporated  
(Name of Firm/Company)

8025 Excelsior Dr, Ste 200, Registered Agent Dept.  
(Address)

Madison, WI 53717  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alison Gentry at ( 608 ) 827-5501 ex 261  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

# 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,

Business Filings Incorporated, hereby resigns as  
(Name of Registered Agent)

Registered Agent for RCB Financial Management L.L.C.

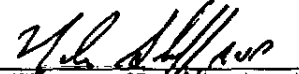
(Name of Limited Liability Company)

L04000046241

(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:

Mark Schiff

(Typed or Printed Name)

AVP

(Capacity)

**FILED**  
05 JUN -3 AM 9:47  
SECRETARY OF STATE  
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