

LO4 000058453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

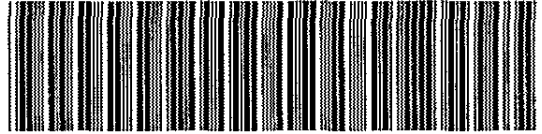
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400079936334

09/20/06--01039--008 \*\*85.00

FILED  
06 SEP 20 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KRM  
RA Resign

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RS & R LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** LO4000058453

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:

DAVID GORDON  
(Name of Person)

RS & R LLC  
(Name of Firm/Company)

9361 GROVE PARK CIRCLE  
(Address)

GERMANTOWN, TN 38139  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID OR DANE GORDON at ( 901 ) 759 9959  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17(11/02)

CC: CERTIFIED MAIL  
FIRST CLASS MAIL

**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,

REAGAN MADORIA, hereby resigns as  
(Name of Registered Agent)

Registered Agent for RS&R LLC  
(Name of Limited Liability Company)

LO400005843  
(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]  
(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

FILED  
06 SEP 20 PM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA