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| (Req | uestor's Name) | |
| (Addı | ress) | |
| (Addi | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Nan | ne) |
| (D. | | |
| (Doci | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORID

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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: R3 PROPERTIES, LLC (Name of Limited Liability Company) |
| DOCUMENT NUMBER: <u>L 05 000 59 889</u> |
| 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: |
| Suscen Noce (Name of Person) |
| (Name of Firm/Company) |
| 899 Brentwood DR. (Address) |
| Venice, 7c 34297 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Suscin Noce at (941) 518-3954 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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, | | | |
|--|-----------------|-----------|-------|
| Susan Noce , hereby resigns as | | | |
| (Name of Registered Agent) | | | |
| Registered Agent for R3 PROPERTIES, LLC | | | |
| (Name of Limited Liability Company) | | | |
| L05000059889 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed limited liability company at its last know | vn address. | | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this | statement is fi | led. | |
| Susar of Resigning Agent) | SECF | 08 H | |
| If signing on behalf of an entity: | HASS | 08 MAY 23 | FILED |
| (Typed or Printed Name) | ee m | PM 43 | 0.3 |
| (Capacity) | 25 | ÷. | |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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