L05000090013

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(Ĉity/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: R+ R INVESTMENTS LC (Name of Limited Liability Company)
DOCUMENT NUMBER: <u>L05000090013</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:
MARGO L. SUMMERS (Name of Person)
(Name of Firm/Company)
3110 TIGERPOINT ROAD (Address)
BRENHAM TX 77833 (City/State and Zip Code)
For further information concerning this matter, please call:
MARGO L. SummERS at (979) 836-9030 (02) 281-795-0053 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)

TO:

Amendment Section

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,	
Registered Agent for R+ R Invitments LC	
117 W. 8th St. JACKSON WILLE, FL. 32206 (Name of Limited Liability Company)	
1-0500090013 (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. Day Summers Fig. 18.	
If signing on behalf of an entity:	4
(Typed or Printed Name)	
(Capacity)	
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company ### Administratively dissolved/withdrawn limited liability company ###################################	1002

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314