

L060000001370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

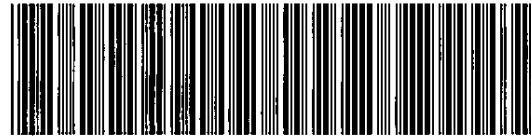
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/08/10--01012--019 \*\*75.00

FILED  
10 OCT - 8 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 11 2010

EXAMINER

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

October 6, 2010

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

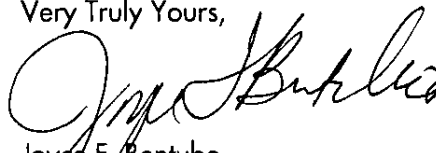
**Re: RESIGNATION OF REGISTERED AGENT -**  
**RSP AGENCY, LLC**  
**RSP HOLDINGS, LTD.**  
**WAGS DOG DAY CARE SALON AND BOUTIQUE, LLC**

**FILED**  
**10 OCT -8 PM 1:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 494614 in the amount of \$75.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

JFB/jab  
Enclosures

## 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,

CFRA, LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for RSP Agency, LLC

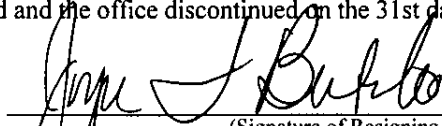
(Name of Limited Liability Company)

L06000001370

(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:

Joyce F. Bentubo

(Typed or Printed Name)

Secretary

(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**  
**10 OCT -8 PM 1:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**