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COVER LETTER

SUBJECT: RSOP HOLDINGS, LLC Name of Limited Liability Company
DOCUMENT NUMBER: LORODOQ 4 8 2 0
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:
WALTER H. MESSICK
Name of Person
BALVAN MESSICK, LLP
Name of Firm/Company
1900 LORPORATE BLVD. STE 101 WEST Address
BOCA RATON, FL 3343 (City/State and Zip Code
City/State and Zip Code
MESSICKWE BELLSONTH. NET
E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

For further information concerning this matter, please call:

TO: Registration Section

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the un	idersigned,	
WALTER 14.	<u></u>		, hereby resigns a	ıs
	Name of Registered Agen	nt		
Registered Agent for	RSOP 140	LDINGS, L	۷ ८	
	Name of Limi	ited Liability Company		,
Logoco O				
A copy of this resignation	n was mailed to the a	bove listed limited liabil	ity company at its la	st known address.
The agency is terminated	and the office discor	ntinued on the 31st day a	ifter the date on which	ch this statement is filed.
	Walter	A. Massa Signature of Resigning Age	1	
		Signature of Resigning Age	nt	
If signing on behalf of an	entity;			
	WALT	TER H, MESS	ick	
	Ţ	yped or Printed Name		For 5
	PRESIDENT			Egg &
		Capacity		THE WAR
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				Fig 至 17
	FILING	FEES:		FLIST
	\$ 85.00 \$ 25.00	ryped or Printed Name SOME Capacity FEES: Active limited liability Administratively dissorted withdrawn limited liability	y company olved/ voluntarily di bility company	TALLAHASSEE, FLORIDA issolved

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