L08000029124

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EXAMINER

RAUL R. LOPEZ, P.A.

ROYAL OAKS PROFESSIONAL CENTER 7950 N.W. 155TH STREET • SUITE 206 MIAMI LAKES, FLORIDA 33016

TEL. (305) 818-0117 FAX (305) 557-7766 E-MAIL: RRLOPEZATTY@AOL.COM

August 26, 2011

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

> RE: R.C.G.M. Enterprises, LLC

> > Document #: L08000029124

Our File No.: 111.1155

Dear Sir or Madam:

Enclosed please find cover letter, executed Resignation of Registered Limited Liability Company and check #7515 in the amount of \$85.00 for filing fee of same

Thank you for your prompt attention to this matter. I remain,

Very truly yours

Raul R//Lopez

RRL/nl Enc.

COVER LETTER

TO: Amendment Section Division of Corpo				
SUBJECT:	R.C.G.M. E Name of Limi	nterrprises, LLC	<u> </u>	
DOCUMENT NUMBER	k:	L08000029124		
The enclosed Resignation for filing.	of Registered Agent fo	or a Limited Liabilit	y Company and fe	e are submitted
Please return all correspon	ndence concerning this	matter to the follow	/ing:	
Guille	ermo Garrido ne of Person			
inai	ne of Person			
	Enterprises, LLC			
Name o	f Firm/Company			Es E
	W 103rd Street			MI SEP - 2 M M 31 SEGRE VARY OF STATE RAPL AHASSEE. FLORID
	Address			
Hiales	ah, FL 33016		·	E e
City/Sta	te and Zip Code			E S
				ORIGINAL ST
E-mail address: (to be use	d for future annual report n	otification)		
For further information co	ncerning this matter, p	lease call:		
Raul R. Lopez	z, Esq. at (305	818-0117	
Name of Pe	rson	Area Code & Daytin	ne Telephone Numb	er
Enclosed is a check made liability company or \$25.0 limited liability company.	payable to the Florida O for an administrative	Department of State ly dissolved, volunt	for \$85.00 for an arily dissolved or	active limited withdrawn
MAILING ADDRESS:		STREET ADDI	RESS:	

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.509	9, Florida Statutes, the unde	rsigned,
Rene C	Cabrera, Jr.	, hereby resi	ens as
	egistered Agent	, 10100) 1031	P.10 40
Registered Agent for	R.C.G.N	1. Enterprises, LLC	
	Name of Limited Liability C	ompany	,
L08000029124			
Document Number, if kno	wn		
A copy of this resignation was ma	iled to the above listed li	mited liability company at i	ts last known address.
The agency is terminated and the o	office discontinued on the	e 31st day after the date on	which this statement is filed.
If signing on behalf of an entity:	Signature of R	esigning Agent	ATT SECULOR FILES
	Typed or Printed	Name	ARY OF
	Capacity	· · · · · · · · · · · · · · · · · · ·	STATI

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