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COVER LETTER

Name	of Limited Liability	Company	
DOCUMENT NUMBER: L080000419	988		
The enclosed Resignation of Registered A for filing.	Agent for a Limited	l Liability Company and fee are subr	nittec
Please return all correspondence concerni	ing this matter to the	ne following:	
Thomas O. Wells, Esq.			
Name of Person		-	
Wells & Wells, P.A.			
Name of Firm/Company	·	-	
540 Biltmore Way			
Address		-	
Coral Gables, FL 33134			
City/State and Zip Code		-	
mechelle@twellslaw.com			
E-mail address: (to be used for future annua	I report notification)	-	
For further information concerning this m	natter, please call:		
Thomas O. Wells	at (305	₄₄₄₋₀₀₁₆	
Name of Person	Area Code	Daytime Telephone Number	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, I	florida Statutes, the undersigned,		
Thomas O. Wells, Esq.	, hereby resig	ons as	-i
Name of Registered Agent	, nercoy rest	75 AL	SEC
Registered Agent for R.S. Construction of S	Southwest Florida, LLC	FEB	Ě
		17	ARY
Name of Limited	Name of Limited Liability Company		유ር
L08000041988	_	3: 53	AIVIS.
Document Number, if known		>	>
A copy of this resignation was mailed to the abo	ve listed limited liability company at i	ts last known address.	
The agency is terminated and the office discontinuous services and the office discontinuous services and the office discontinuous services are services as a service service service service services are services as a service service service service services are services as a service service service service services are services as a service service service service services are services as a service service service service services are services as a service service service service services are services as a service service service service service service services are services as a service service service service services are services as a service service service service services are services as a service service service service service service service service services and service service services are services as a service se	nued on the 31st day after the date on Sharp Agent gnature of Resigning Agent	which this statement is f	iled.
If signing on behalf of an entity:			
Турс	d or Printed Name		
	Capacity		
	•		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ withdrawn limited liability company

Tallahassee, FL 32314