# 10900065262

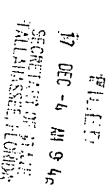
(Re	questor's Name)				
(Ad	dress)	<u>.</u>			
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200306185062

12/04/17--01008--030 \*\*25.00





#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	RLB BEAC	CH COND	O, LLC	
DOCUMENT NUMBER:	Name of Limite L090	ed Liability 000065262		<del>-</del> -
The enclosed Resignation of filing.	of Registered Agent for	r a Limited	Liability Company and fee a	are submitted
Please return all correspond	lence concerning this r	natter to the	e following:	
Kait	ie Sperry			
Name	e of Person	<del></del>		
Corpora	ate Direct, Inc.			
Name of	Firm/Company			
2248 Merio	lian Blvd., Ste H			
A	ddress			
Minden	, NV 89423			
City/Stat	e and Zip Code			
info@corp	oratedirect.com		ı	
E-mail address: (to be used	for future annual report no	otification)		
For further information cor	ceming this matter, pl	ease call:		
Kaitie Spe	erry at (	775	782-2201	
Name of Per		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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions of se	ction 605.0115, Florida Statutes	the undersigned,		
Gerri Detweiler		, hereby resigns as		
Name o	f Registered Agent	, noresy tesigns as		
Registered Agent for	RLB BEACH C	B BEACH CONDO, LLC		
	Name of Limited Liability Compa	ny .		
L090000652	62			
Document Number, if	known			
A copy of this resignation was a	mailed to the above listed limite	d liability company at its last known address.		
The agency is terminated and th	ne office discontinued on the 31	st day after the date on which this statement is filed		
If signing on behalf of an entity	Merri Setue Signature of Resign	ing Agent Sing Agent Sin Agent Sing Agent Sing Agent Sing Agent Sing Agent Sing Agent Si		
	Gerri Detweiler	ASS.		
	Typed or Printed Name			
	Registered Age	int		
	Capacity			

\$85.00 Active limited liability company
\$25.00 Administratively 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