

L11000054006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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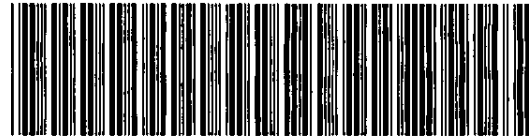
(Business Entity Name)

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RA Resign

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TO: Registration Section
Division of Corporations

SUBJECT: Rush Hour Store, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000054006

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:

Adam J, Steinberg, Esq.

Name of Person

Law Offices of Adam J. Steinberg, P.A.

Name of Firm/Company

200 S. Andrews Avenue, Suite 903

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

Adam@AdamSteinbergLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam J. Steinberg, Esq.

at (954) 548-3357

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Adam J. Steinberg

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **Rush Hour Store, LLC**

Name of Limited Liability Company

L11000054006

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.

If signing on behalf of an entity:

Signature of Resigning Agent

Typed or Printed Name

Capacity

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14 OCT 29 PM 4:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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