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116 040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

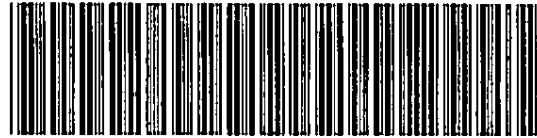
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SECRETARY OF STATE
TALLAHASSEE, FLA

11

TO: Registration Section
Division of Corporations

SUBJECT: RV-INVEST, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 11000116040

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:

THOMAS SMOLA

Name of Person

Name of Firm/Company

√230 E STATE ROAD) 64

Address

BRADENTON, FL 34208

City/State and Zip Code

TOM SMOLA @VERIZON.NET

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

For further information concerning this matter, please call:

THOMAS SMOLA

Name of Person

at (941) 726-8778

Area Code	Daytime Telephone Number
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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
2022 NOV -3 PM 3:17
TALLAHASSEE, FL
SECRETARY OF STATE

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

THOMAS SMOLA

Name of Registered Agent

, hereby resigns as

Registered Agent for

RV-INVEST, LLC

Name of Limited Liability Company

L 11000116040

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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