## LIZ 00000 3677

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section<br>Division of Corporations  |                             |  |  |
|---|-----------------------------|--|--|
| ·   |                             |  |  |
| RBF TRUST LLC<br>SUBJECT:   |                             |  |  |
| Name of Limi  | ted Liability               | Company  |  |
| DOCUMENT NUMBER: L1200003679  | <del>_</del>                |  |  |
| The enclosed Resignation of Registered Agent for filing.  | or a Limited                | Liability Company and fee are submitted  |  |
| Please return all correspondence concerning this  | matter to th                | e following:   |  |
| PAULO DE BASTOS   |                             |  |  |
| Name of Person  |                             |  |  |
|   |                             |  |  |
| Name of Firm/Company  |                             |  |  |
| 8551 W SUNRISE BLVD STE 100   |                             |  |  |
| Address   |                             |  |  |
| PLANTATION FL 33322   |                             |  |  |
| City/State and Zip Code   |                             |  |  |
| PAUL@HODEBA.COM   |                             |  |  |
| E-mail address: (to be used for future annual report i  | notification)               |  |  |
| For further information concerning this matter, p   | lease call:                 |  |  |
| PAULO DE BASTOS   | 954                         | 452-0030   |  |
| Name of Person  | Area Code                   | Daytime Telephone Number   |  |
| Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company. | Department<br>cly dissolved | of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited |  |
| MAILING ADDRESS:  | STREE                       | CT ADDRESS:  |  |
| Registration Section  | Registration Section        |  |  |
| Division of Corporations  | Division of Corporations    |  |  |
| P.O. Box 6327   | Clifton Building            |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

| Pursuant to the provisions | of section 605.0115, Florida Statutes,                                     | the undersigned,  |
|----------------------------|--|---|
| REGISTERED AGEN            | IT SERVICES OF FLORIDA LL  | _C, hereby resigns as   |
|                            | lame of Registered Agent   | (   |
| Registered Agent for RBI   | F TRUST LLC  |   |
|                            |  | ·   |
|                            | Name of Limited Liability Company  | ý.  |
| L12000083679               |  |   |
| Document Num               | ber, 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                                    | t day after the date on which this statement is file                            |
|                            | \  |   |
| -                          | Signature of Resigni   | ng Agent  |
| 10 : 1 1 10 0              |  | 7. 15i2   |
| If signing on behalf of an | entity:  | . J 5   |
| _                          |  |   |
|                            | Typed or Printed Name  |   |
| _                          |  | <u> </u>  |
|                            | Capacity   | <br>ښ   |
|                            |  | 9   |
|                            | FILING FEES:   |   |
|                            | \$ 85.00 Active limited li<br>\$ 25.00 Administratively<br>withdrawn limit | ability company<br>y dissolved/ voluntarily dissolved/<br>ted liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314