

612 000 117559

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 JAN 30 PM 3:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. Shivers JAN 31 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

DANIEL AYZENBERG
287 SPRING ST
NEW YORK, NY 10013

SUBJECT: RF OREGON, LLC
Ref. Number: L12000117559

We have received your document for RF OREGON, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00000585

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RF OREGON, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000117559

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:

DANIEL AYZENBERG CPA, ESQ
Name of Person

AYZENBERG LAW FIRM PLLC
Name of Firm/Company

287 SPRING STREET
Address

NEW YORK, NY 10013
City/State and Zip Code

DANIEL@CPA-ESQ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL AYZENBERG CPA, ESQ at (718) 431-3193
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DAVID E PLATTE

, hereby resigns as

Name of Registered Agent

Registered Agent for **RF OREGON, LLC**

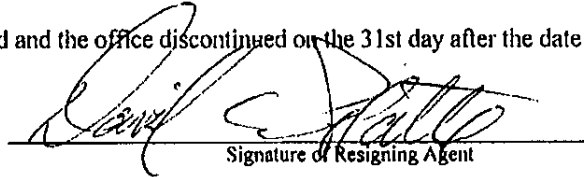
Name of Limited Liability Company

L12000117559

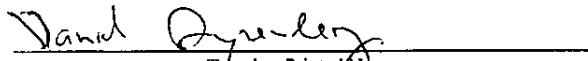
Document Number, if known

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
Manager
Capacity

16 JAN 30 PM 3:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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