

45 000 087779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

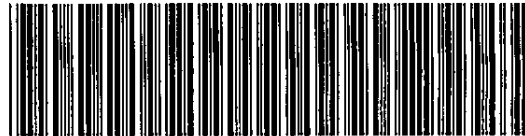
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 DEC - 1 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 02 2015  
J SHIVERS

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

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

**XAVIER ROMERO**

, hereby resigns as

Name of Registered Agent

Registered Agent for **RAX GENERAL MANAGEMENT**

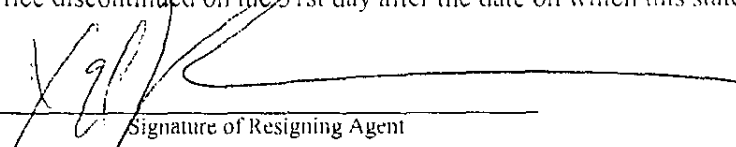
Name of Limited Liability Company

**L15000083379**

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

**FILED**  
**15 DEC - 1 AM 9:38**  
**SECRETARY OF STATE**  
**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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAX GENERAL MANAGEMENT

Name of Limited Liability Company

DOCUMENT NUMBER: L15000083379

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:

RYAN BAROUH

Name of Person

RAX GENERAL MANAGEMENT

Name of Firm/Company

3401 OAK AVENUE

Address

MIAMI, FL 33133

City/State and Zip Code

RYAN@MRBING.COM

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

For further information concerning this matter, please call:

RYAN BAROUH

at (305) 849-1340

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

FILED  
15 DEC -1 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA