

L15000130019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

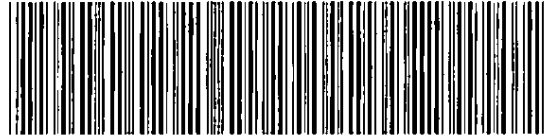
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JUL 31 2023  
FBI - TAMPA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RUS MBR, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000130019

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:

Klara Fishman-Sitbon, Esq.

Name of Person

Law Offices of Fishman-Sitbon, P.A.

Name of Firm/Company

20900 NE 30th Ave. Suite 835

Address

Aventura, FL 33180

City/State and Zip Code

klfishman@fisplegal.com

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

For further information concerning this matter, please call:

Klara Fishman-Sitbon

786

529-2480

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Law Offices of Fishman-Sitbon, P.A.,

hereby resigns as

Name of Registered Agent

Registered Agent for RUS MBR, LLC

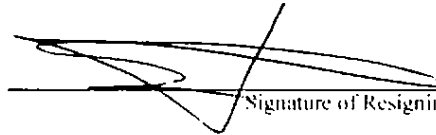
Name of Limited Liability Company

L15000130019


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  
President  
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

2023 JUL 31 AM 11:27

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA