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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PIĆK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	" ,
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JUST ART OF STATE OF

FEB 0 8 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RBA Global LLC (Name of Corporation) DOCUMENT NUMBER: L 15000 17 3668
DOCUMENT NUMBER: L 15000 173668
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elving ES602 MGR (Name of Person)
(1 3340 010 14004)
RBA Global LLC (Name of Firm/Company)
20401 nw 2nd Ave Ste 208 (Address)
Mian: Cardens A 33169 (City/State and Zip Code)
For further information concerning this matter, please call:
Elvine ES WE at (954) 999 - 2078 (Area Code & Daytime Telephone Number)
(

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,	
Florida Statutes, the undersigned. Rudolph Fergustered Agent)		
hereby resigns as Registered Agent for RBA G-lobal LL (Name of Corporation)		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last l	known address.	
The agency is terminated and the office discontinued on the 31st day after the d this statement is filed. (Signature of Resigning Agent)	ate on which	
If signing on behalf of an entity:	2020 JAN 1 0	71
(Typed or Printed Name)	MT OF STATE CORPORATION SEE, FLORID	D
(Capacity)		

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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