

L16000018188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

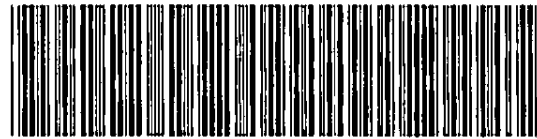
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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✓ SALY

JAN 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RODNEY & SONS ENTERPRISES, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 16 0000 18188

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:

BRIAN DREXEL  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

146 LAKE SUSAN RD  
Address

HAWTHORNE, FL 32640  
City/State and Zip Code

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

For further information concerning this matter, please call:

BRIAN DREXEL at (352) 514-2043  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN -8 PM 1:39

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

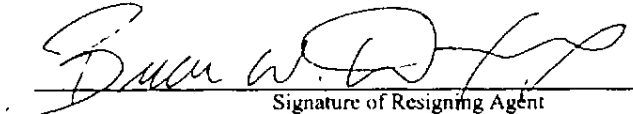
BRIAN DREXEL hereby resigns as  
Name of Registered Agent

Registered Agent for RODNEY & SONS ENTERPRISES, LLC  
Name of Limited Liability Company

L16 0000 18188  
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

**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