116000100045

(Requestor's Name)
(Nequesions Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

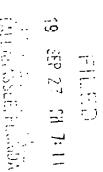
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OCT 14 2019 S. YOUNG



COVER LETTER

SUBJECT: R K Dev LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L16000100045	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja 1 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

Pursuant to the provision	ns of section 605.011:	5, Florida Statutes, the unde	ersigned,		
United States Corporation Agents, Inc.			, hereby resigns as		
Name of Registered Agent					
Registered Agent for <u>R</u>	K Dev LLC				_
	Name of Lim	ited Liability Company			_,
L16000100045					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last kno	own address	-
The agency is terminated	d and the office disco	ntinued on the 31st day afte	er the date on which thi	s statement i	s filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:	Signature Willessigning Agent	. !		77)
	Cheyenne Mose	eley		で 2 2	
	Т	yped or Printed Name		-7	, 7
	Asst. Secretary for U	Jnited States Corporation A	gents, Inc.	-, -,	<u>1</u> ::)
		Capacity		Cont.	- - - -
				17	_
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolves withdrawn limited liabi	zed/ voluntarily dissoly	/ed/	

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