

LI6000 167976

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(Address)

(City/State/Zip/Phone #)

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DEC-11 P 10:30

FILED

D. SCOTT  
DEC 10 2018

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ride Florida MX LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000167976

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:

Kent Rockwell

\_\_\_\_\_  
Name of Person

Universal Registered Agents, Inc.

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

PO Box 23788

\_\_\_\_\_  
Address

Overland Park, KS 66283

\_\_\_\_\_  
City/State and Zip Code

krockwell@uragents.com

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

For further information concerning this matter, please call:

Kent Rockwell

at ( 855 ) 236-9172

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
DEC - 4 P 10:30  
TALLAHASSEE, FL

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

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

Universal Registered Agents, Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Ride Florida MX LLC

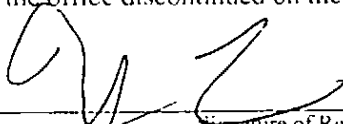
\_\_\_\_\_  
Name of Limited Liability Company

L16000167976

\_\_\_\_\_  
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:

Kent Rockwell

\_\_\_\_\_  
Typed or Printed Name

CEO

\_\_\_\_\_  
Capacity

FILED  
2019 DEC -4 P 10:34  
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