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2018 SEP 21 PM 4: 32

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

Phone Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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LLC REGISTERED AGENT RESIGNATION R&H TRAVEL SERVICES, LLC

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SECRETARY OF STATE

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Jr. 27-14

COVER LETTER

Division of Corporations		
SUBJECT: R&H TRAVEL SERVICES, LLC		
Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L16000187336		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	ne following:
TRACEE COTTON		
Name of Person		
BLUMBERGEXCELSIOR CORPORATE SE	ERVICES,	
Name of Firm/Company		
16 COURT ST 14TH FLOOR		
Address		
BROOKLYN, NY 11241		
City/State and Zip Code		
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, p	lease call:	
TRACEE COTTON at (800	221-2972 X1550
Name of Person	Area Code	Daytinie Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

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

INHS17 (2/14)

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,	
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. hereby resig	ns as
Name of Registered Agent	
Registered Agent for R&H TRAVEL SERVICES, LLC	<u> </u>
	·
Name of Limited Liability Company	
L16000187336	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at it	s last known address.
The agency is terminated and the office discontinued on the 31st day after the date on v	which this statement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	201 SE
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Typed or Printed Nante	P =
ASSISTANT SECRETARY	おりって
Capacity	SSE A M
	ن ب ر الراق
FILING FEES:	AM 9: 28 OF STATE SSEE, FL
\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily withdrawn limited liability company	dissolved/

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