

1/6/25, 12:01 PM

Division of Corporations

Florida Department of State
Division of Corporations
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From:

Account Name : MORATTIS, COFAR, KARNEY, MORATTIS & QUAILLEY
Account Number : I19990000033
Phone : (954)563-4163
Fax Number : (954)563-5913

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

Email Address: hperry@ucklaw.com

LLC REGISTERED AGENT RESIGNATION
RURAL ROUTE ONE, LLC

Certificate of Status	0
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SECRET

2025 JAN -5 PM 3:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2025 JAN -6 AM 8:29

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RURAL ROUTE ONE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000204200

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:

HEATHER PERRY

Name of Person

MORAITIS, KARNEY, MORAITIS & QUAILEY

Name of Firm/Company

915 MIDDLE RIVER DRIVE, SUITE 506

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

hperry@mcklaw.com

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

For further information concerning this matter, please call:

Heather Perry

at (954) 563-4163
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

George R. Morantz, JR.

Name of Registered Agent

, hereby resigns as

Registered Agent for Rural Route One, LLC

Name of Limited Liability Company

L16090204200

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

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