

# L17000 035 736

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

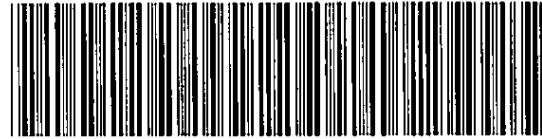
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 AUG 12 P 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 16 2019

T. LEWELUX

\*

## 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 RIVERPOINT PARK, LLC

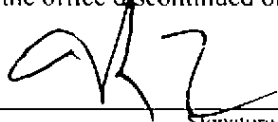
\_\_\_\_\_  
Name of Limited Liability Company

L17000035736

\_\_\_\_\_  
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

2019 AUG 12 P 11:45  
2019 AUG 12 P 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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withdrawn limited liability company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