L18000071639

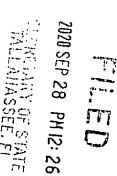
(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/0/31/20

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RT PARADISE RENTALS,	LLC		
Name o	of Limited Liability	Company	
DOCUMENT NUMBER: L1800007163			
The enclosed Resignation of Registered A for filing.	gent for a Limited	I Liability Company and fee are sub	mitted
Please return all correspondence concernir	ng 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 ma	atter, please call:		
Joyce Yi	800 at (773-0888 x7789	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the F liability company or \$25.00 for an administiability company.	lorida Departmen stratively dissolve	t of State for \$85.00 for an active li d, voluntarily dissolved or withdray	mited vn limited
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section		ation Section	
Division of Corporations		n of Corporations	
P.O. Box 6327	Clifton	Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		ates, the undersigned.			
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Agent				
Registered Agent for	RT PARADISE RENTALS, LLC				_
	Name of Limited Liability Cor	npany		_	_,
L18000071639					
Document	Number, if known				
	ation was mailed to the above listed lin	nited liability company at its last l	cnown a	ddress	
The agency is termina	ated and the office discontinued on the		this state	ement	is filed
The agency is terminal of signing on behalf of	Signature of Re		this state	2020 SEP 28	Fring 6

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