

L18000169489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

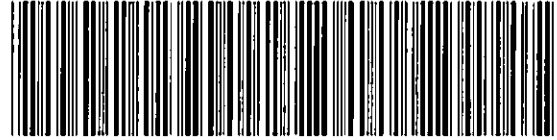
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RBE FUNDING LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000169489

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:

Julian Jesus Zaccarias
Name of Person

RBE FUNDING LLC
Name of Firm/Company

200 Biscayne Blvd Way Apt 3808
Address

Miami Florida 33131
City/State and Zip Code

info@rodecycle.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Zaccarias Wn at (786) 890 3027
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Nicole Bertrاند Gómez Kelly . hereby resigns as
Name of Registered Agent

Registered Agent for Julian Jesús Zaccarias
RBE FUNDING LLC
Name of Limited Liability Company

L18000169489
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.

Nicole Bertrاند Gómez Kelly
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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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