118000737066

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					





600355241436

11/17/20--01017--038 ++25.00

2020 NOV 17 PM 4: 34

Office Use Only

11.1728



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

November 12, 2020

Vendor#

H1080

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL32314

FAX:

EMAIL:

AE:

Cori Ann Crosthwaite

Email:

ccrosthwaite@myparacorp.co

m

Ref Number:

1520991

NAME: RH NATIONAL LLC

REGISTERED AGENT RESIGNATION FILING

State

FL

SPECIAL INSTRUCTIONS:

REQUESTING 1 PLAIN COPY

PLEASE EMAIL OR FAX A COPY OF RESULTS

Please return via: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statute	es, the undersigned,			
Rocket Lawyer Corporate Services LLC hereby res		, hereby resigns as	gns as		
	Name of Registered Agent				
Registered Agent for R	H NATIONAL LLC				_
	N. Crissis Aliabilia Comm			_	
	Name of Limited Liability Comp	any			
L18000237066					
Document Nur	nber, if known				
A copy of this resignatio	n was mailed to the above listed limi	ied liability company at its las	t known	addres	S.
The agency is terminated	and the office discontinued on the 3	1st day after the date on whic	h this sta	itement	is filed.
	Palana Vives				
	Signature of Resi	gning Agent		21	
If signing on behalf of a	n entity:		<u>:</u> -,	2020 NOV 17	e= q
	EDNA PERRY		وه ماند مان دارد	AC	
	Typed or Printed Nat		333		
	Asst. Secretary Rocket Lawy	er Corporate Servi	300	2	171
	Capacity			PM 4: 34	
				34	

FILING FEES:
\$\frac{\text{S}\text{ 85.00}}{\text{S}\text{ 85.00}}\$
Active limited liability company
\$\frac{\text{Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company}}{\text{Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company}}}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