

L19000139793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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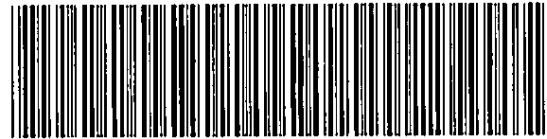
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JUN 02 2023

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## COVER LETTER

**TO:** AMENDMENT  
Registration Section  
Division of Corporations

**SUBJECT:** R & M & SON VENTURES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000139793

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:

CANDICE LAPLANTE

Name of Person

BOOKS2TAX, LLC

Name of Firm/Company

466 BANYAN ST.

Address

SEBASTIAN, FL 32958

City/State and Zip Code

candy@books2tax.org

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

For further information concerning this matter, please call:

CANDICE LAPLANTE

Name of Person

at ( 772 ) 205-5154

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\$85.00 for an active limited liability company or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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2023 MAR 28 AM 11:51  
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TALLAHASSEE, FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BOOKS2TAX, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for R & M & SON VENTURES, LLC

Name of Limited Liability Company

L19000139793

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.

Candice J. LaPlante  
Signature of Resigning Agent

If signing on behalf of an entity:

CANDICE LAPLANTE

Typed or Printed Name

OWNER

Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 5.00 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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