L20000200569

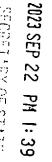
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/F	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certifi	cates of Status			
Special Instructions to Filing Officer:				
JOE	,			
CCT 1	0 2023			

Office Use Only



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09/22/23--01003--004 **2955.00



COVER LETTER

SUBJECT: Name	of Limited Liabilit	y Company
DOCUMENT NUMBER: 1.20000200569		
The enclosed Resignation of Registered after filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to t	the following:
Travis Crabtree		
Name of Person		_
LEGALCORP SOLUTIONS, ELC		
Name of Firm/Company	·	_
3 Greenway Plaza #1320		
Address		_
Houston, TX 77046		
City/State and Zip Code	:	_
bell.thaddeus@gmail.com		
E-mail address: (to be used for future annua	al report notification)	_
For further information concerning this r	natter, please call:	
LegalCorp Solutions, LLC	888 at (534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

47500

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	15, Florida Statutes, the	undersigned,			
LegalCorp Solutions, LLC			, hereby resigns a	herohy recians as		
	Name of Registered Ago	ent	thereby redigits a	3		
Registered Agent for	RLF&T INVESTMENT	C GROUP LLC				
	Name of Lir	nited Liability Company		 ,		
1.20000200569						
Document	Number, if known					
•		above listed limited liab				
		Signature of Resigning Ag	gent	~		
If signing on behalf of	fan entity:			FIL. 2023 SEP 22 SECRETARY		
	Travis Crabtree					
	 :	Typed or Printed Name		ARY OF		
	Member					
		Capacity		STA ::		

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