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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rendrfi LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L21000108439	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	: submitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	75
Name of Person	12
Legalzoom.com, Inc.	#R 2
Name of Firm/Company	
9900 Spectrum Dr.	2021 MAR 27 PH 4: 07
Address	: 07
Austin, TX 78717	, T 1
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	undersigned,	
United States Corporation Agents, Inc.	, hereby resigns as	
Name of Registered Agent	, Hereby resigns as	
Registered Agent for Rendrfi LLC		
Name of Limited Liability Company		
L21000108439		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited lial. The agency is terminated and the office discontinued on the 31st day. Signature of Resigning A	y after the date on which this statement is filed.	
If signing on behalf of an entity:	ACC TO THE SECOND	
Cheyenne Moseley	PH II: 06	
Typed or Printed Name		
Asst. Secretary for United States Corporation	on Agents, Inc.	
Capacity		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company