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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RC2TC L.L.C.	·
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000303453	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
800	773-0888
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision:	s of section 605.0115	. Florida Statutes, the unde	ersigned,		
United States Corporation Agents, Inc.		, hereby resigns as			
Name of Registered Agent			, , , , , , , , , , , , , , , , , , , ,		
Registered Agent for RC	2TC L.L.C.				_
	Name of Limi	ted Liability Company			•
L21000303453					
Document Nur	nber, if known				
A copy of this resignation	n was mailed to the a	bove listed limited liability	company at its last	: known addres	is.
The agency is terminated If signing on behalf of ar		Signature of Resigning Agent		i this statemen	t is med.
	Cheyenne Mose	ley			
		yped or Printed Name			
	Asst. Secretary for U	Inited States Corporation A	gents, Inc.		
		Capacity			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/ voluntarily dis:	2022 JUN 15	<u>=</u>
	Make checks payal	ole to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	f State and mail to:	5 AM 10: 5 CY OF STATE	FILED