121000387413

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

Office Use Only



900389429849

06/15/22--01007--027 **25.00



10

COVER LETTER

SUBJECT: R&D CAR RENTAL LLC Name o	
DOCUMENT NUMBER: L2100038741	13
The enclosed Resignation of Registered Age for filing.	agent for a Limited Liability Company and fee are submitte
Please return all correspondence concernin	ng this matter to the following:
United States Corporation Agents, Inc	S.
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 ma	atter, please call:
	at (800) 773-0888 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011:	5, Florida Statutes, the unders	igned.			
	poration Agents, In	C	-			
	Name of Registered Ager		hereby resigns as			
Registered Agent for _	R&D CAR RENTAL	LLC				_
	Name of Lim	ited Liability Company				·*
		,,,				
L21000387413						
Document N	lumber, if known					
A copy of this resignat	ion was mailed to the a	bove listed limited liability co	ompany at its last	known ac	idress.	
If signing on behalf of		Signature of Resigning Agent	he date on which	this state	ment is	s filed.
	Cheyenne Mose	ΔV				
		ped or Printed Name				
	_	nited States Corporation Ager	nts, Inc.			
		Capacity				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	/ voluntarily disso	olved/ SECTE	NOF 2808	77
	Make checks payabl	e to Florida Department of Sta Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ite and mail to:	IARY OF !	N 15 AM	