

12/18/23, 3:53 PM

Division of Corporations

L21000475820

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CARVER DARDEN
Account Number : I20070000116
Phone : (850)266-2300
Fax Number : (850)266-2301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: benbrownmd@gmail.com

LLC REGISTERED AGENT RESIGNATION
RPS MEDSPA LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RPS MEDSPA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000475880

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:

ROBERT S. RUSHING, ESQ.

Name of Person

Name of Firm/Company

151 WEST MAIN STREET, SUITE 200

Address

PENSACOLA, FL 32502

City/State and Zip Code

benbrownmd@gmail.com

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

For further information concerning this matter, please call:

ROBERT S. RUSHING at (850) 266-2303
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

INHS17 (2/14)

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

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

ROBERT S. RUSHING, ESQ

Name of Registered Agent

, hereby resigns as

Registered Agent for RPS MEDSPA LLC

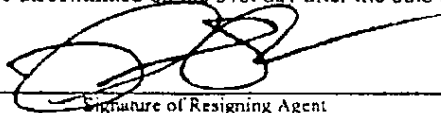
Name of Limited Liability Company

L21000475880

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

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