L21000 511621

(Requestor's Name)
(Address)
(Address)
(City/Cityle/Tile/Dhane #0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: RVG Financial Company	LLC
Name of Limited Liabil	ty Company
DOCUMENT NUMBER: L21000511621	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	_
Legaizoom.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 cal	:
at (773-0888
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	5.0115,	Florida Statutes, the undersigned,		
United States Corporation Agent	ts, Inc.	, hereby resigns as		
Name of Registere		. Hereby resigns ds		
Registered Agent for RVG Financial	Comp	pany LLC		
· · · · · · · · · · · · · · · · · · ·				
Name	of Limite	d Liability Company		
L21000511621				
Document Number, if known				
A copy of this resignation was mailed to	o the ab	ove listed limited liability company at its last known a	ddress.	
The agency is terminated and the office	discont	inued on the 31st day after the date on which this state	ement is	s filed.
	- :	Signature of Resigning Agent		
If signing on behalf of an entity:				
Cheyenne N	Mosele	еу		
	Typ	ed or Printed Name		
Asst. Secretar	y for Un	ited States Corporation Agents, Inc.		
	_	Capacity		
\$ 8:	LING F 5.00 5.00	EES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	2023 AUG -8 PM	FLED TARY OF S

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