L24000278950

(Requestor's Name)		
(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.		
J. HORNE SEP 2 4 2024		



09/18/24--01034--023 **25.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: RN TRAVEL UNLIMITED	LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000278950	
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 the	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:	
at ()	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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	ne undersigned,
ited States Corporation Agents, Inc.	85 7
Name of Registered Agent	hereby resigns as
Registered Agent for RN TRAVEL UNLIMITED LLC	hereby resigns as
Name of Limited Liability Company	
L24000278950	·•
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lis	
The agency is terminated and the office discontinued on the 31st da	ay after the date on which this statement is filed.
Tik Treutlein Signature of Resigning.	
If signing on behalf of an entity:	
Erik Treutlein	
Typed or Printed Name	
Vice President on behalf of United States Corpor	ration Agents, Inc.
Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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