

Division of Corporations

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156699

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : STEVEN CARLYLE CRONIG & ASSOCIATES, P.A.
Account Number : I19980000095
Phone : (305) 444-6300
Fax Number : (305) 444-6334

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

RVMV ENTERPRISES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RVMV ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: L56699

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Romulo Chavez
(Name of Person)

RVMV Enterprises, Inc.
(Name of Firm/Company)

1224 Normandy Drive
(Address)

Miami Beach, FL 33141
(City/State and Zip Code)

For further information concerning this matter, please call:

Romulo Chavez at (305) 861-7373
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Steven C. Cronig
(Name of Registered Agent)

hereby resigns as Registered Agent for RVMV Enterprises, Inc.
(Name of Corporation)

L56699

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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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TALLAHASSEE, FLORIDA