

L 99000000 410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

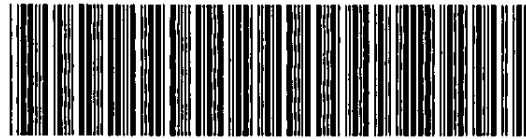
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**SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.**

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FIRM ESTABLISHED 1924

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^ CERTIFIED PUBLIC ACCOUNTANT (FL)  
+ ALSO ADMITTED IN IOWA

JOHN K. WOOLSLAIR (1908-1968)  
W.A. SHEPPARD (1898-1971)

November 26, 2013

Corporate Records Bureau  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32301

Re: RHLW ENTERPRISES, L.C.

Dear Sirs:

In regard to the referenced entity, I am enclosing the following documents:

1. Check in the amount of \$1,622.50 covering the following reinstatement documents;
2. Limited Liability Company Reinstatement (fee: \$1,487.50);
3. Resignation of Registered Agent for a Limited Liability Company (fee: \$85.00);
4. Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company (fee: \$25.00);
5. Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company (fee: \$25.00).

Please have all of these documents filed of records at your earliest convenience. If you have any questions, do not hesitate to contact our office.

Sincerely,

SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

D. Hugh Kinsey, Jr.

DHK:dlb  
Enclosures  
cc: Mr. Robert Halgrim

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TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ROBERT P. HALGRIM, hereby resigns as

Name of Registered Agent

Registered Agent for RHLW ENTERPRISES, L.C.

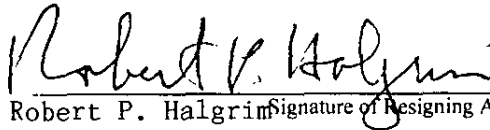
Name of Limited Liability Company

L99000000410

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.



Robert P. Halgrim Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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2910 DEC -3 PM 1:55  
TALLAHASSEE, FL 32314

### **FILING FEES:**

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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