M0700003632

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(Ac	ldress)	
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JAN 1 0 2013

COVER LETTER

TO:

Registration Section

Division of C	Corporations			
SUBJECT:	RQB Jacksor			
	(Name of Fore	eign Limited Liability Co	ompany)	
Dear Sir or Madam:				
The enclosed withdray	wal and fee(s) are submitted	d for filing.		
Please return all corre	spondence concerning this	matter to the following:		
John M.	Dart			
	(Name of Person)			
Adams an	d Reese LLP			
	(Firm/Company)			Z or
1515 Ring	ling Blvd., #7	00		三
	(Address)			SSE
	24026			39
Sarasota	, FL 34236 (City/State and Zip Code	<u> </u>		N K
	(Chyrotate and Esp Cod-	-,		₩.
For further information	n concerning this matter, p	lease call:		
John M.		at (941)		
(Nar	ne of Person)	(Area Code & 1	Daytime Telephone Number	')
STREET/C	OURIER ADDRESS:	MAII.I	ING ADDRESS:	
Registration			ation Section	
Division of C		_	n of Corporations	
Clifton Build	ling		ox 6327	
	ive Center Circle Florida 32301	Tallaha	ssee, Florida 32314	
Enclosed is a check t	for the following amount:			
\$25 Filing Fee	©.\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status	&

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

RQB Jacksonville, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M0700003632	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.	
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.	
300 E, Cedar Street, #11	
(Mailing address)	
7	
Denver, CO 80209 (City/State/Zip)	
(0.0,70 2.1,7)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
Juno Ottollon	
(Signature of member or authorized representative of a member)	
David O'Halloran	****
Typed or printed name of signee)	1
	-
	M. M. W.

Filing Fee: \$25.00