2/5/2016 2:50:00 PM From: To: 8506176383( 1/3 )



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION **RJM ACQUISITIONS (NY) LLC**

Certificate of Status	0
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## , COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT:	RJM ACQUISMONS LL		
	Name of Limited Liability	Company	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	M08000000579		
The enclosed Resignation o for filing.	f Registered Agent for a Limited	Liability Company	y and fee are submitted
Please return all correspond	ence concerning this matter to the	ne following:	
Theresa Alfieri			
Name	of Person		
C T CORPORATION SY	STEM		
Name of	Firm/Company	•	
111 8th Avenue, 13th Fl	oor		Res B
A	ddress	•	
New York, New York 10	011		
City/State	and Zip Code	•	
theresa.alfieri@wolterskl			
E-mail address: (to be used	for future annual report notification)		
For further information con-	cerning this matter, please call:	· .	) O
Theresa Alfieri	at (	894-8516	
Name of Pers		Daytime Telephone	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the under	signed,
C T CORPORATION SYSTEM		hereby resigns as
	Name of Registered Agent	notoo, rongin as
Registered Agent for _	RJM ACQUISITIONS LLC	
<u></u>	Name of Limited Liability Company	
M180000	2579	
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability o	ompany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
;	Then alpen.	
	Signature of Kesigning Agent	<del></del>
If signing on behalf of	an entity:	· Second
•	C T Corporation System - Theresa Alfle	ri : : : : : : : : : : : : : : : : : : :
	Typed or Printed Name	
	Assistant Secretary	G. A.
· · · · · · · · · · · · · · · · · · ·	Capacity	
•	•	
•		\$39 m
;	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved	mpany d/ voluntarily dissolved/

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