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SECRETARY OF STATE
ALL AMASSEE FROM

COVER LETTER

	,
SUBJECT: OAKS Name of Limite	RR, LLC d Liability Company
	10800001478
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to the following:
Mary Fink	
Name of Person	
National Corporate Research, Ltd., Inc.	<u>. </u>
Name of Firm/Company	
615 South DuPont Highway Address	
Dover, DE 19901 City/State and Zip Code	
	······
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, ple	ease call:
Mary Fink at (at (800 483-1140 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
National	Corporate Research, Ltd., Inc. , hereby resigns as			
	Name of Registered Agent			
Registered Agent for	OAKS RR, LLC		_	
	Name of Limited Liability Company		,	
MOSO Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liability company at its last kno	own addre	SS.	
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this Signature of Resigning Agent	s statemen	t is file	∍d.
If signing on behalf of a	an entity:	SEC	=	
•	Wayne Rafanelli, NATIONAL CORPORATE RE	Ž Ž		-17
	Typed or Printed Name	ASI	· E 2:	2 (CHOM)
	V.P. National Corporate Research, Ltd., Inc.		ω	<u> </u>
	Capacity		3	$\overline{\mathbf{m}}$
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		J.		

Active limited liability company
Administratively dissolved/ voluntarily 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withdrawn limited liability company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