

M1300003415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

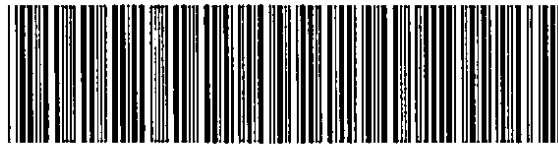
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

WRONG FORM

Office Use Only



600300127486

06/08/17--01016--026 **87.50

FILED
2017 JUL 13 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
JUL 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAJR LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M13000003415

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Registered Agent Department

Name of Person

Business Filings Incorporated

Name of Firm/Company

8020 Excelsior Drive Suite 200

Address

Madison, WI 53717

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Registered Agent Department

at (800) 981-7183

Name of Person

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Business Filings Incorporated

, hereby resigns as

Name of Registered Agent

Registered Agent for RAJR LLC

Name of Limited Liability Company

M13000003415

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Jill Morrison

Typed or Printed Name

Asst Secretary for Business Filings Incorporated

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	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

2017 JUL 13 PM 4:40
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2017

BUSINESS FILINGS INCORPORATED
REGISTERED AGENT DEPARTMENT
8020 EXCELSIOR DR, STE. 200
MADISON, WI 53717

SUBJECT: RAJR LLC
Ref. Number: M13000003415

We have received your document for RAJR LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00011752