MBOX	00473
(Requestor's Name) (Address) (Address)	400279378264
(City/State/Zip/Phone #)	11/25/1S0:025005 **25.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 15 NOV 25 PM 3 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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TO: Registration Section Division of Corporations

SUBJECT: RV HOLDINGS THREE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M13000006973

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:

Laurie Wilson

Name of Person

Hubco Registered Agent Services, Inc.

Name of Firm/Company

238 West Jericho Turnpike

Address

Huntington Sta, NY 11746-3661

City/State and Zip Code

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

For further information concerning this matter, please call:

Laurie Wilson	516	513-1186
	at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)



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

Hubco Registered Agent Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for RV HOLDINGS THREE, LLC

Name of Limited Liability Company

M1300006973

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.

ignature of Resigning Agent

If signing on behalf of an entity:

Bruce B. Hubbard

Typed or Printed Name

President

Capacity



FILING FEES:



Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)