

M14000006935

(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:

Office Use Only



300278404433

300278404433
10/28/15--01030--009 **87.50

2015 OCT 28 A 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 02 2015

S MASON



77 East John Street
Hicksville, New York 11801
Tel: (800) 443-8177 • (516) 935-3940
Fax (800) 293-4075 • (516) 935-3088
e-mail- orders1@hubco1.com

FLORIDA STATE FILING

10/19/2015

RETURN DOCUMENTS TO HUBCO

RE: RVFM 8, LLC

To whom it may concern:

Please file the following Agent Resignation.

If there are any questions please call Laurie at the above 800 tel. (ext. 186)

FL Dept. of State
Enclosed is a check in the amount of \$87.50

**PLEASE RETURN ALL DOCUMENTS
TO HUBCO**

Thank You,

Bruce B. Hubbard

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RVFM 8, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M14000006935

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 Montefusco

Name of Person

Hubco Registered Agent Services, Inc.

Name of Firm/Company

77 East John Street

Address

Hicksville, NY 11801

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 Montefusco

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Hubco Registered Agent Services, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for RVFM 8, LLC

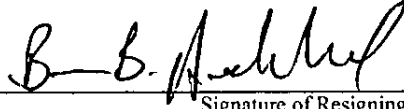
Name of Limited Liability Company

M14000006935

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:

Bruce B. Hubbard

Typed or Printed Name

President

Capacity

2016 OCT 28 A 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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