

M1600000 4771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

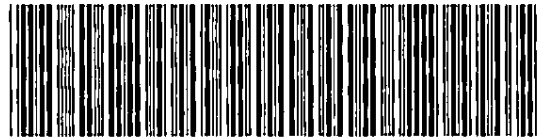
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300319746263

12/26/18 - 01/19/19 005 ***30.00

RECEIVED
STATE
CLERK
JAN 19 2019

Notice of withdrawal

JAN 19 2019
RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RP Valrico, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Murray Reavis

(Name of Person)

Rooker

(Firm/Company)

445 Bishop Street, Suite 200

(Address)

Atlanta, Georgia 30318

(City/State and Zip Code)

For further information concerning this matter, please call:

Murray Reavis 678 367-4213
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

RECEIVED
JAN 11 2007
CORPORATION
DIVISION

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RP Valrico, LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

06-14-2016

(Date registered with Florida Department of State)

M16000004771

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 12/31/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Edward Murray Reavis



(Typed or printed name of signee)

RECEIVED
FLORIDA DEPARTMENT OF STATE
JAN 10 2019

Filing Fee: \$25.00