

M1700000

4779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

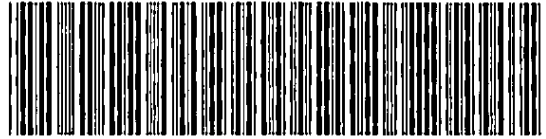
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300322851053

01/22/19-01026--01 **25.00

STATE OF FLORIDA
TALLAHASSEE, FL

2019 JAN 22 PM 5:56

FILED

C. GOLDEN
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED PINE OPERATIONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000004779

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:

Casey Bice
Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)
Name of Firm/Company

PO Box 1831
Address

Austin, TX 78767
City/State and Zip Code

regagent@capitol-services.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Bice at (800) 345-4647
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.

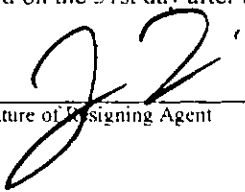
Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for RED PINE OPERATIONS, LLC
Name of the Limited Liability Company

M17000004779
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:

Jason Fischer
Typed or Printed Name
Assistant Secretary
Capacity

FILED
2019 JAN 22 PM 5:56
DEPARTMENT OF STATE
TALLAHASSEE, FL

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