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Person

2022-12-06 09:13:24 UTC-10

Lexipos

From: Tracee Cotton

# M17000006013

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS  
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### LLC REGISTERED AGENT RESIGNATION RALPH & RUSSO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RALPH & RUSSO LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** MI700006013

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:

TRACEE COTTON  
Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
Name of Firm/Company

100 WALL STREET, SUITE 1401  
Address

NEW YORK, NY 10005  
City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON at ( 888 ) 989-9539  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY


Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for RALPH & RUSSO LLC \_\_\_\_\_  
Name of Limited Liability Company

M17000006013 \_\_\_\_\_  
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:

MARY BROOKS \_\_\_\_\_  
Typed or Printed Name  
ASSISTANT SECRETARY \_\_\_\_\_  
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

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA