

M20000011681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

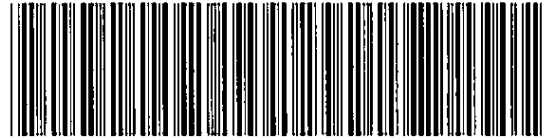
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FILED  
FEB 16 2024  
10:21 AM  
TAMPA, FL

RECEIVED  
2024 FEB 16 PM 3:30  
TAMPA, FL

A. HUNT  
02/16/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : 02/16/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

FILE  
FEB 16 2024  
10:21

NAME: RT CONSULTING OF THE NORTHEAST, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY

CONTACT PERSON: SHAUNA GODBOLT

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RT CONSULTING OF THE NORTHEAST, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000011681

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:

RESIGNATIONS DEPARTMENT

\_\_\_\_\_  
Name of Person

CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Name of Firm/Company

251 LITTLE FALLS DRIVE

\_\_\_\_\_  
Address

WILMINGTON, DE 19808

\_\_\_\_\_  
City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT

\_\_\_\_\_  
Name of Person

at ( 800 ) 927-9801

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED  
FEB 10 2001  
AM 10:21  
STATE OF FLORIDA

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

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for RT CONSULTING OF THE NORTHEAST, LLC

Name of Limited Liability Company

M20000011681

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.

*Shauna Godbolt*

Signature of Resigning Agent

If signing on behalf of an entity:

BY SHAUNA GODBOLT

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

### **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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  
FLORIDA DEPARTMENT OF STATE  
MAY 10 2017 11:10:21