# PO2 0000 93982

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Baomoso Emily Hame)
(Document Number)
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#### **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJECT: RPB Manager		Inc.
OBJE	(Name of Corpo	eration)
DOCU	MENT NUMBER:P02000093982	
The end	closed Resignation of Registered Agent for a Corp	poration and fee are submitted for filing.
Please r	return all correspondence concerning this matter to	o the following:
	Richard P. Bellinger	
	(Name of Person)	
	RPB Management, Inc.	
	(Name of Firm/Company)	<del></del>
	9810 Kirkstone Terrace Drive	
	(Address)	<del></del>
	Spring, TX 77379	
	(City/State and Zip Code)	<del>_</del>
For furt	ther information concerning this matter, please cal	l:
}	Richard P. Bellinger 561	309-6078
	(Name of Person) (Area Co	ode & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

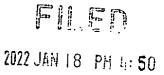
#### **Mailing Address:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



r distant to the provisions of sections 607.03	SECRETARY 503(2), 617.0502(2), 607.1509, or 617.1509, LARY
Florida Statutes, the undersigned,	Richard Bellinger
	(Name of Registered Agent)
hereby resigns as Registered Agent for	RPB Management, Inc.
	(Name of Corporation)
P02000093982	
(Document Number, if known)	
A copy of this resignation was mailed to the	above listed corporation at its last known address.
this statement is filed.	ontinued on the 31st day after the date on which
(Sagnatur	re of Resigning Agent)
If signing on behalf of an entity:	
RPB Mar	nagement, Inc.
(Турес	d or Printed Name)
Presider	nt
	(Capacity)

### Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314