

P110000087067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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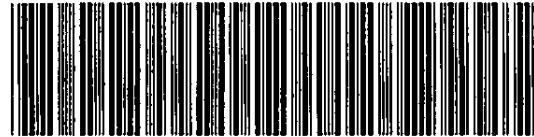
(Business Entity Name)

(Document Number)

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2018 MAR 26 AM 9:36

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2016 MAR 26 AM 8:36

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of Registered Agent  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000087067

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Leo Titone CPA, President**

(Name of Person)

**CPA Tax Advisors**

(Name of Firm/Company)

**12995 S Cleveland Ave Ste 210**

(Address)

**Fort Myers FL**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Leo Titone** at **855 740-1040**

(Name of Person)

(Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2018 MAR 25 AM 8:30

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CPA TaxAdvisors

(Name of Registered Agent)

hereby resigns as Registered Agent for RRHA Inc

(Name of Corporation)

P11000087067

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Leo Titone CPA, CPA Tax Advisors  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Leo Titone CPA

(Typed or Printed Name)

Registered Agent

(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**