P1200054546

(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:		
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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: R J REAL PROPERTY HOLD	INGS, INC.	
30BJEC1	(Name of Corpor	ration)
OOCUMENT NUMBER: P1200005454	6	
The enclosed Resignation of Register	ed Agent for a Corp	oration and fee are submitted for filing.
Please return all correspondence conc	erning this matter to	the following:
LOURDES CORVO		
(Name of Person	1)	
(Name of Firm/Comp	pany)	
4750 NW 77 CT, SUITE 300		
(Address)		_
MIAMI LAKES, FL 33016		
(City/State and Zip C	lode)	_
For further information concerning thi	is matter, please cal	l:
LOURDES CORVO	305	827-0084) ode & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.050	93(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LOURDES C	CORVO
	(Name of Registered Agent)
hereby resigns as Registered Agent for RJRE	AL PROPERTY HOLDINGS, INC.
nereby resigns as registered regent for	(Name of Corporation)
P12000054546	
(Document Number, if known)	
A copy of this resignation was mailed to the a	bove listed corporation at its last known address.
The agency is terminated and the office discorthis statement is filed.	ntinued on the 31st day after the date on which
If signing on behalf of an entity:	SECRE JANAY -2 2023 MAY -2
(Typed o	or Printed Name)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)