Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Cor Fax Number	: (850)617-6380
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110	Account Name	: GRAYROBINSON, P.A ORLANDO
	Account Number	: 120010000078
	Phone	
	Fax Number	: (407)244-5690
*Enter	the email address	s for this business entity to be used for future
	uual conoct maili	ngs. Enter only one email address please.**

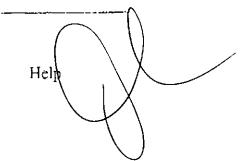
REGISTERED AGENT RESIGNATION RBI SOLUTIONS, INC.

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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RBI Solutions, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P12000103480	
The enclosed Resignation of Registered Agent for a Corporation and fee	e are submitted for filing.
Please return all correspondence concerning this matter to the following	; :
Suzanne Burrow	2012:
(Name of Person)	; •
RBI Solutions, Inc.	<u> </u>
(Name of Firm/Company)	
6000 Marina Drive, Suite 108	9:
(Address)	C
Holmes Beach, FL 34217	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Suzanne Burrow at (941) 807-17 (Name of Person) (Area Code & Daytime 1	22 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H23000126271 3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.	0503(2), 617.0502(2), 607.1509, or 617.1509,	
A di a lua	ael J. Canan	
Florida Statutes, the undersigned, Micha	(Name of Registered Agent)	
hereby resigns as Registered Agent for	RBI Solutions, Inc. (Name of Corporation)	
	(Mame of Corporation)	
P12000103480		
(Document Number, if known)		
this statement is filed.	scontinued on the 31st day after the date on which	
If signing on behalf of an entity:	ped or Printed Name)	
	(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