P19000038085

(Requestor's Name)
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RA Resignation

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Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone, (800) 345-4647 Fax (800) 432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

12/2/2019 **FLORIDA**

REP UNIT:

R & B ENTERPRISES OF

FLORIDANS INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 30966 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Capitol Corporate Services, Inc. Registered Agent Services



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: R & B ENTERF	PRISES OF FLORIDANS INC. (Name of Corporation)		
DOCUMENT NUMBER: P190			
The enclosed Resignation of Register	ered Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence cor	ncerning this matter to the following:		
Attn: ROA (Name of Perso			
Capitol Serv (Name of Firm/Co			
PO Box (Address)	1831		
Austin, TX (City/State and Zip For further information concerning	o Code)	19 000	100 100 100 100 100 100 100 100 100 100
Agent Resignation Filings Te (Name of Person)	(Area Code & Daytime Telephone Number)	5	ANY OF S
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active cossolved, voluntarily dissolved or withdrawn corporation.	င် tbotati မဲ	INTE RATIONS
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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned. Capitol Services, Inc. (Name of Registered Agent)	_	
hereby resigns as Registered Agent for R & B ENTERPRISES OF FLORIDANS (Name of Corporation)	S IN∙	C.
P19000038085 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address	i.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.		
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
Jason Fischer		
(Typed or Printed Name)	19 CE	
Assistant Secretary		2,33 0,73 0,73 0,73 0,73 0,73 0,73 0,73 0
(Capacity)	5. 8. W	YOF STAT

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