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.

(((H210004232973)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORPORATING SERVICES, LTD.

Account Number : I20050000052

: (850)656-7956

Phone Fax Number

: (850)656-7953

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4:	I Email	Address:								
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#### RESIGNATION RT ENTERPRIZE INC.

\*Enter the email address for this business entity to be used for future

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#### **COVER LETTER**

SUBJECT: RT ENTERPRIZE INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P20000064482	
The enclosed Resignation of Registered Agent for a Corporation and fee are submi	itted for filing
Please return all correspondence concerning this matter to the following:	
Amanda Archambault	
(Name of Person)	
Incorporating Services, Ltd.	
(Name of Firm/Company)	
3500 S DuPont Hughway	
(Address)	
Dover, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kai Look  (Name of Person)  at ( 302 ) 531-0703  (Area Code & Daytime Telephone N	
(Name of Person) (Area Code & Daytime Telephone N	Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## H210004232973

## 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, Incorporating Services, Ltd.	130),	
(Name of Registered Agent)		
hereby resigns as Registered Agent for RT ENTERPRIZE INC.		
(Name of Corporation)		
P2000064482		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
Amonga Achambautt (Signature of Resigning Agent)	_	
If signing on behalf of an entity:		
Amanda Archambault	<b>202</b> SE T	
(Typed or Printed Name)	AC: 27	-5-0
	FE A	
Assistant Secretary	<b>3</b>	
(Capacity)	38°	
	AM IO: OF STA	

### 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