P970000 66873

		
(Re	equestor's Name)	
(Ad	idress)	_
(Ad	ldress)	
•	•	
(Cit	ty/State/Zip/Phone	. (1)
(CII	ty/State/Zip/Phone	: #)
PICK-LIP	☐ WAIT	MAIL
	····	
(Bu	isiness Entity Nam	ne)
·	·	•
	ocument Number)	
(00	cument Number)	
Certified Copies	Certificates of Status	
		1
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



000329929680

05/30/19-+01012--009 **35.00

II9MAY 30 PM 2: 14



COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: RGOO Enterprises, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P97000066873

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:

Corinne P. McClure, Senior Paralegal

(Name of Person)

McGuireWoods LLP

(Name of Firm/Company)

50 North Laura Street, Suite 3300

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne McClure

 $\operatorname{at}(\underbrace{\frac{904}{(\operatorname{Area\ Code}\,\&\ \operatorname{Daytime\ Telephone\ Number)}}^{798-3294}$

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes,	the undersigned. RAX Co.		
	(Name of Registered Agent)		
hereby resigns as	Registered Agent for RGOO Enterprises, Inc.		
(Name of Corporation)			
P9700006	6873		
(Document	Number, if known)		
A copy of this re	signation was mailed to the above listed corporation at its last k	nown address.	
The agency is tenthis statement is	rminated and the office discontinued on the 31st day after the da filed.	te on which	
	(Signature of Resigning Agent)	_	
If signing on bel	alf of an entity:		
	Lisa O. Taylor	2019 SEU TA	:,<
	(Typed or Printed Name)	2019 HAY 30 SECRETARY TALLAHAY	77
	President	ς; ·	
	(Capacity)	PM 2: 14 bi state see, fl	Ö

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active Corporation