

L2400005889S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

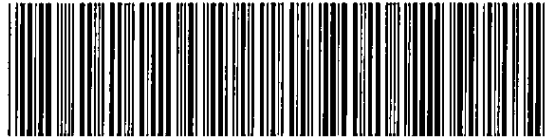
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

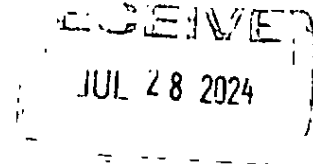


FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2024

WHITNEY ROUTHE
125 SOLANO CAY CIR
PONTE VEDRA BEACH, FL 32082

SUBJECT: RYOX ENTERPRISES L.L.C.
Ref. Number: L24000058895



We have received your document for RYOX ENTERPRISES L.L.C. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THOMAS E ROUTHE is not listed as the Registered Agent. He is currently listed as a AMBR I have enclosed the Dissociation OR Resignation of Member, Manager form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00014788

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RYOX Enterprises LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Whitney Routh
(Contact Person)

RYOX
(Firm/Company)

125 Solano Way 112
(Address)

Ponte Vedra Beach FL
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

← —————> I already
mailed a check
for \$45
on 6/3/2014
check #

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1016
Please refund \$60
thank you



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2024 JUL 28 AM 11:52

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RYOX Enterprises LLC

2. The Florida document/registration number assigned to this limited liability company is: L24000058895

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/1/24

4. I, Thomas Rourke, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Thomas Rourke

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

→ see cover letter - I mailed
\$85 check 6/3/24
chk # 1016