0600000405

	Paguaga Nama	. <u>.</u>	
(R	Requestor's Name)		
(A	(ddress)		
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(C	city/State/Zip/Phone #)		
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PICK-UP	☐ WAIT	MAIL	
	Business Entity Name)		
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Service of the servic

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: RIVERO HOLDINGS	3 LLLP)	
2020	(Name of Limited Partn	ership or L	imited Liab	ility Limited Partnership)
DOCU	UMENT NUMBER: A060000	00405		
The er	nclosed Resignation of Registered.	Agent an	d fee(s) ar	re submitted for filing.
Please	return all correspondence concern	ing this	matter to:	
Ces	ar Rivero			_
	(Contact Person)			-
	(Firm/Company)			-
	(
600	E. 42nd Street			
•	(Address)			
Hiale	eah, FL,33013			_
	(City, State and Zip Code	e)		
For fu	rther information concerning this r	natter, pl	ease call:	
Mari	ia T. Santi	at (305	379-4008 Ext. 230
(1)	Name of Contact Person)		(Area Cod	379-4008 Ext. 230 e and Daytime Telephone Number)
Enclos	sed is a check made payable to the	Florida l	Departmer	nt of State for:
Z] \$87.	.50 Filing Fee	(\$87.50 Fi	ling Fee and	d \$52.50 Certified Copy Fee)
	CET ADDRESS:			ING ADDRESS:
	dment Section, on of Corporations			Iment Section of Corporations
	n Building			Box 6327
2661 I	Executive Center Circle nassee, FL 32301		Tallaha	assee, FL 32314
INHSI	6 (01/06)			

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,	
Juan C. Antúnez, Esq. , hereby resigns as	
(Name of Registered Agent)	
Registered Agent for RIVERO HOLDINGS LLLP , (Name of Limited Partnership or Limited Liability Limited Partnership)	
A0600000405	
(Florida Document Number, if known)	
The agent is terminated on the 31 st day after the date on which this statement is filed by the Florida Department of State. Signature of Registered Agent	
If signing on behalf of an entity. ARETARN SSI	i women
Typed or Printed Name Capacity Capacity	j
Capacity Sim 2	

Filing Fee: \$87.50 Certified Copy (optional): \$52.50