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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (813):223-7000

Fax Number

: (813)229-4133

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address

Email Address:

LLC REGISTERED AGENT RESIGNATION **RIVIERA 6410, LLC**

| | <u> </u> |
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Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| CFRA, LLC | , hereby resigns as | |
|------------------------------|---|----------|
| . N | iame of Registered Agent | |
| Registered Agent for Riv | iera 6410, LLC | |
| J | | |
| | Name of Limited Liability Company | |
| L03000004961 | • | |
| Document Numl | ber, if known | |
| A copy of this resignation | was mailed to the above listed limited liability company at its last known address. | |
| The agency is terminated a | and the Rice discontinued on the 31st cay after the date on which this statement is fil | led. |
| | Chy J. Butles 33 3 | 7 . 2 |
| | Signature of Resigning Agent | : |
| if signing on behalf of an o | | |
| <u>.</u> | JOYCE P. DERILUDO | ۇ ي |
| | Typed or Printed Name Secretary | ż |
| | | |

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)

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