L04000041615

(Requestor's Name)	
(Address)	30021349
(Address)	,
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	11/02/1101026
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Filipp Officer	

Special Instructions to Filing Officer:

A. LUNT

NOV -3 2011

EXAMINER

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ryby USA, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 04000 0 416 15
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alun Mazurshy Name of Person
avetico, LLC
Name of Firm/Company
5521 Sehaefer Ave Address
Address
Chino, eA 91710 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Man Mazurshy at (909) 628-6200 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.50	509, Florida Statutes, the undersigned,
CAPORAL,	RICARDO	, hereby resigns as
Name of	Registered Agent	
Registered Agent for	RYGY USA,	LLC
	Name of Limited Liability	y Company
104000041615		
Document Number, if k	nown	
A copy of this resignation was m	ailed to the above listed	l limited liability company at its last known address.
The agency is terminated and the	office discontinued on t	the 31st day after the date on which this statement is file
	Signature of	of Resigning Agent
If signing on behalf of an entity:	•	
	Typed or Printe	ed Name
	Capacity	

FILING FEES:
\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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