## L05000090760

(Requestor's Name)			
(Address)			
(Address)			
(100,000)			
(0) (0) (7) (7)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
·			
Special Instructions to Filing Officer:			
·			
·			





900140124559

01/12/09--01042--023 \*\*85.00

9 JAN 12 PM 1:09 CHETARE OF STATE

of My

## **COVER LETTER**

Amendment Section Division of Corporations

SUBJECT: RIA HOLDINGS, LLC	
(Name of Limi	ted Liability Company)
DOCUMENT NUMBER: L05000090	760
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Mary Lou Rodon, Esq.	
(Name of Person)	· ;
Mary Lou Rodon, P.A.	O9 J SECTALL
(Name of Firm/Company)	
2222 Ponce de Leon Blvd., PH	PILED  09 JAN 12 PM 1: 09  SECRETARY OF STATE ALLAHASSEE, FLORID.
(Address)	<del> </del>
•	
Coral Gables, Florida 33134 (City/State and Zip Code)	<u> </u>
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Mary Lou Rodon at (Name of Person)	( 305 ) 445-8881 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn
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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
Mary Lou Rodon, Esq. (Name of Registered Agent)		, hereby resigns as	
	(Name of Limited Liability Company	y) , , , , , , , , , , , , , , , , , , ,	
L05000090760			
(Document Number, i	f known)		
_			
If signing on behalf of an er	ntity:	PM 1: 09 OF STATE E, FLORIDA	
_ <del>_</del>	(Typed or Printed Name)	——————————————————————————————————————	
	(Capacity)		

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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