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# 1008-016 21:06 20 GNT 888/0 No.14 Figure: Silvas Financial Services, LLC Filorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230000197243)))



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## LLC REGISTERED AGENT RESIGNATION ROSARIEL PETROLEUM LLC

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TO: Registration Section

#### **COVER LETTER**

Division of Corporations	
ROSARIEL PETROLEUM LLC	
SUBJECT:  Name of Limited Liability Company	
DOCUMENT NUMBER: L08000075037	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing.	:d
Please return all correspondence concerning this matter to the following:	
FERNANDO SILVA	
Name of Person	
SILVAS FINANCIAL SERVICES LLC	
Name of Firm/Company	
5220 S UNIVERSITY DR STE 102	
Address	
DAVIE FL 33328	
City/State and Zip Code	
ACCOUNTING2@SILVASBOX.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	
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\$85.00 for an active limited iability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn imited liability company.	

#### 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

(((H230000197243)))

### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.0115, Florida Si	tatules, the undersigned,	
SILVAS FINANCIAL SERV	ICES, LLC	. hereby resigns as	
Var	ne of Registered Agent	. Herchy resigns as	
Registered Agent for ROSA	RIEL PETROLEUM ELC		-
and \$1 - 0.00 and the first time to the second of the seco	Name of United Liability	Сотрану	
L08000075037			
Document Number	, if known		
		limited liability company at its last known address, he 31st day after the date on which this statement is	<u> </u>
· \ <del></del>	Signature of	Resigning Agent	5200 5200 17 AN
If signing on behalf of an en	fity:		<b>∷</b> 2
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	Сарасцу		

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make theeks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallaliassee, F1, 32314