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SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Registration Section Division of Corpora	tions					
RIGEL INVESTM SUBJECT:	MENTS LLC					
SOBJECT.	Name of Limited	d Liability (Company	_		
DOCUMENT NUMBER:	1.09000103161					
The enclosed Resignation of for filing.	f Registered Agent for	a Limited	Liability Company and fee	are subr	nitted	
Please return all correspond	ence concerning this m	natter to the	e following:			
MARCOS NAPCHAN						
Name	of Person					
Name of	Firm/Company			S	22	
21055 YACHT CLUB DR # 30	04			ECRETARY OF S	2024 DEC 16	#**, 1
<i>A</i> .	ddress			E S	- 6	10
Aventura, FL 33180				1888 1987 1987	下: 文	,
City/State	and Zip Code				် လ	٠
mnapchan@yahoo.com				FL	30	
E-mail address: (to be used	for future annual report not	ification)				
For further information con	cerning this matter, ple	ase call:				
Marcos Napchan	7 at (86	2006744			
Name of Per		rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 605.0115. Florida Statutes, the undersigned.	
Marcos Napchan	. hereby resigns	: as
	Name of Registered Agent	
Registered Agent forRI	GEL INVESTMENTS LLC	
	Name of Limited Liability Company	·
L09000103161		
Document Nun	iber, if known	
-	was mailed to the above listed limited liability company at its I	
The agency is terminated	and the office discontinued on the 31st day after the date on wh	ich this statement is filed.
	Signature of Resigning Agent	2024 DEC 16 SECRETAGA TALLAHA
If signing on behalf of an	entity:	# 00 m
	Typed or Printed Name	8: 30 STAT E. FL
•		Lη

Capacity

FILING FEES: \$ 85.00 Active

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withdrawn limited liability company \$ 25.00

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