Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RIVEROS CORP.
Account Number : I20190000048
Phone : (305)507-8464
Fax Number : (239)228-2074

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Rmail Address:

LLC REGISTERED AGENT RESIGNATION HYDROSERVICIOS GLOBAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT: Name of Limited Liabil	ity Company
DOCUMENT NUMBER: L15000082861	
The enclosed Resignation of Registered Agent for a Limi for filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	o the following:
ZULMA RIVEROS	
Name of Person	
HYDROSERVICIOS GLOBAL, LLC	
Name of Firm/Company	
175 SW 7th ST, Suite 1905	
Address	
Miami FL 33130	
City/State and Zip Code	
info@riveroscorp.com	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please cal	1:
ZULMA RIVEROS 786 at (4395138
Name of Person Area Co	le 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

8-Dec-2023 16:52 RIVEROS CORP

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Statutes, the un	dersigned,	
ZULMA RIVEROS	, hereby resigns as		
1	Name of Registered Agent	, nerooy reasgns an	
Registered Agent for HYI	DROSERVICIOS GLOBAL, LLC		
	Name of Limited Liability Company		·
L15000082861			
Document Num	ber, if known		
A copy of this resignation	was mailed to the above listed limited liabili	ity company at its last known	address.
The agency is terminated	and the office discontinued on the 31st day a		nement is med.
If signing on behalf of an	entity:		
	,	C.S.	16
-	Typed or Printed Name		5:36
-	Capacity		, I
			, See €
	FILING FEES:		ć*
	\$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	company lved/voluntarily dissolved/ pility company	27

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