116 200 156 APA

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

Office Use Only



400428671234

98.20 14 Ellin ble (#21.11

COVER LETTER

SUBJECT: RIGO CONSTRUCTION, Name of Limited Liability		
DOCUMENT NUMBER: L16000126964	Company	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are su	ubmitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	- 	~>
9900 Spectrum Dr.		
Address	• ————————————————————————————————————	1 (A)
Austin, TX 78717	:	5
City/State and Zip Code	-	<u>:</u>
raresignations@legalzoom.com		ယ
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (Area Code	773-0888 Daytime Telephone Number	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	Chereby resigns to
Registered Agent for RIGO CONSTRUCTION, L	LC
Name of Limited Liabili	y Company
L16000126964	- -
Document Number, if known	SE1.
A copy of this resignation was mailed to the above liste. The agency is terminated and the office discontinued o	ed limited liability company at its last known address. ين n the 31st day after the date on which this statement is filed.
Signature	of Resigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Prin	nted Name
Asst. Secretary for United Sta	tes Corporation Agents, Inc.
Capacity	r

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