

L16 000 197904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

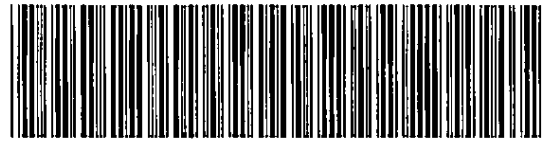
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TALLAHASSEE, FL

RARES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverside Entertainment Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000197904

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Ruiz Gonzalez
Name of Person

Ruiz Gonzalez Law
Name of Firm/Company

PO Box 833059
Address

Miami FL 33283
City/State and Zip Code

barbara@ruizgonzalezlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Ruiz Gonzalez at (305) 8144224
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

not necessary

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 provisions of section 605.0115, Florida Statutes, the undersigned,

Ruiz-Gonzalez Law PLLC, hereby resigns as
Name of Registered Agent

Registered Agent for Riverside Entertainment Group LLC
Name of Limited Liability Company

L16000197904
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an entity:

[Signature]
Signature of Resigning Agent
[Name]
Typed or Printed Name
[Capacity]
Capacity

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CLERK OF STATE
TALLAHASSEE, FL

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