25-Jan-2019 15:30 10000 Florida Department of State

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number : 075350000353

Phone : (800)221-2972

Fax Number

: (888)692-9256

**Enter the emall address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please	. * *
Empil .	Address								

LLC REGISTERED AGENT RESIGNATION **RIVAS RISE 3512 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JAN 28 7019 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: RIVAS RISE 3512 LLC	me of Limited Liabil	ity Company			
DOCUMENT NUMBER: L1700003	2082				
The enclosed Resignation of Registere for filing.	d Agent for a Limit	ed Liability Company and	i fee are su	ıbmitte	d
Please return all correspondence conce	rning this matter to	the following:			
TRACEE COTTON					
Name of Person					
BLUMBERGEXCELSIOR CORPO	RATE SERVICES	S ,			
Name of Firm/Compa	ny			~ 3	
16 COURT ST 14TH FLOOR				9	
Address			•	JAN	
BROOKLYN, NY 11241				25	
City/State and Zip Co	de		E STORIE	AM 9: 43	;- !;-
E-mail address: (to be used for future ann	ual report notification)		<u> </u>	£ 3	
For further information concerning this	matter, please call	:			
TRACEE COTTON	800	221-2972 X1550			
Name of Person	Area Cod	e Daytime Telephone Nu	mber		
Enclosed is a check made payable to th liability company or \$25.00 for an admitability company.	e Fłorida Departme inistratively dissolv	ent of State for \$85.00 for red, voluntarily dissolved	an active I or withdra	limited wn lim	nited
MAILING ADDRESS:	STRI	EET ADDRESS:			
Registration Section	tration Section				
Division of Corporations		on of Corporations			
P.O. Box 6327		n Building Executive Center Circle			
Tallahassee, FL 32314		nassee, FL 32301			

INH\$17 (2/14)

25-Jan-2019 15:31

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•		13, Florida Statutes, the undersi	•			
BLUMBERGEX	CELSIOR CORPOR	RATE SERVICES, INC.	nerohu rocione ac			
	Name of Registered Ag	ent	icreoy resigns as			
Registered Agent for	RIVAS RISE 3512	LLC				
	Name of Li	mited Liability Company			 ,	
L17000032082						
Documen	Number, if known					
	ated and the office disc	above listed limited liability co	•		ent is fi 2019	iled.
	ZEINA HASSO			7	Æ	
	ASSISTANT SE	Typed or Printed Name ECRETARY			JAN 25	
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolve company	H CORIENT ed	VH 9: 44	

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