# 118000157054

(Requestor's Name)	_		
(Address)	_		
(Address)			
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Business Entity Name)			
(October 1 November)			
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
	1		

Office Use Only

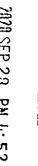


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#### COVER LETTER

SUBJECT: RILEY J. THOMAS CONSULTING, LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000157054 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: United States Corporation Agents, Inc. Name of Person LegalZoom.com, Inc. Name of Firm/Company 101 North Brand Blvd, 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joyce Yi Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605,0115. Florida Statutes, the unders	igned.
United States Cor	hereby resigns as	
	Name of Registered Agent	
Registered Agent for _	RILEY J. THOMAS CONSULTING, LLC	
	Name of Limited Liability Company	
L18000157054		
Document :	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited liability co	ompany at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after t	the date on which this statement is filed.
	Senature of Resigning Agent	7820 SEP 28
If signing on behalf of	an entity:	1000 N
	Cheyenne Moseley	3. 1 dai:
	Lyped or Printed Name	nts. Inc.
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	Capacity	52

### FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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