L18000724738

(Requestor's Name)
(Address)
(Address)
(
(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
special instructions to Filing Officer.

Office Use Only

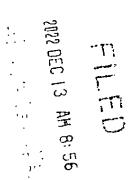
A. RIVERS

A. RIVERS MAR 2 - 2023



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: RICK'S RUSTIC Retreats LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000224738	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		, hereby resigns as				
	Name of Registered Age	nt	, hereby resigns as			
Registered Agent for _	Rick's Rustic Retre	eats LLC				
			_		,	
	Name of Lin	nited Liability Company				
L18000224738						
Document N	lumber, if known	•				
A copy of this resignat	ion was mailed to the	above listed limited liability c	ompany at its last	known add	lress.	
		ontinued on the 31st day after				iled.
		Clu				
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
•	Cheyenne Mose	eley				
	Typed or Printed Name			•	20	
	Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.	· · · · · ·	3 22	
		Capacity		•	2022 DEC	ق ا احمد
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	FILING \$ 85.00	FEES: Active limited liability cor	ทององ	•		U
	\$ 25.00	Administratively dissolved withdrawn limited liability	d/ voluntarily disse	olved/:::	g: 5 6	

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