118000292250

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RYBHF CONSULTING LI	_C
Name of Limited Liability	
DOCUMENT NUMBER: L18000292250	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitte
Please return all correspondence concerning this matter to t	he 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:	
at (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,		
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as			
		nt	; netcoy resigns as		
Registered Agent for _	YBHF CONSULT	ING LLC			_
					_,
	Name of Lin	nited Liability Company			
L18000292250					
Document N	umber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known	address	i .
The agency is terminate	ed and the office disco	ontinued on the 31st day after	r the date on which this sta	atement	is filed.
		Signature of Resigning Agent			
		Signature of Resigning Agent	;	છ: ⊵ ≥	
If signing on behalf of a	in entity:			2023 FE8 23 SF(19 TT/ 5V	
Cheyenne Moseley			EB	" <u>"</u>	
	1	yped or Printed Name	The state of the s	N	,
	Asst. Secretary for t	United States Corporation Ag	ents, Inc.		
		Capacity	3		O
			277	PH 2: 06	
	FILING	FEES:			
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissolved/ ty company		

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