

119000004500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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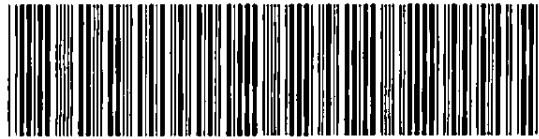
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

MAR 19 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RYAI Services LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000004500

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:

Rafael Isea

Name of Person

Name of Firm/Company

3481 W Hillsboro Blvd Apt K209

Address

Coconut Creek, FL 33073

City/State and Zip Code

rjisea@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Isea

Name of Person

at (954)

Area Code

6707420

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2024 FEB 28 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Carrizo-Parra & Associates LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for RYAI Services LLC


Name of Limited Liability Company

1.19000004500

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Juan A Carrizo Romero

Typed or Printed Name
General Manager

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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