119000260911

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

SUBJECT: Rivera lawn services LLC Name of Limited Liabi	lity Company
DOCUMENT NUMBER: L19000260911	
The enclosed Resignation of Registered Agent for a Limfor filing.	ted Liability Company and fee are submitted
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	1
For further information concerning this matter, please cal	:
800 at (773-0888
Name of Person Area Co.	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisions of secti	on 605.0115, Florida Statut	es, the undersigned,	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
		, Hereby resigns as	Hereby reasgns as
Registered Agent for Rivera lav	vn services LLC		
	Name of Limited Liability Comp	pany	
L19000260911			
Document Number, if kno	IWII		
A copy of this resignation was ma	niled to the above listed limi	ted liability company at its last known address.	
The agency is terminated and the o	office discontinued on the 3	lst day after the date on which this statement is fil	led.
If signing on behalf of an entity:			
Cheyer	nne Moseley		
Asst. Se	Typed or Printed Nar cretary for United States Co		
	Capacity		
	\$25.00 Administrativ	I liability company ely dissolved/ voluntarily dissolved/ nited liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314