L20000281691

(Re	questor's Name)	
· ·	,	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
	5 N	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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20.2,18 6101--6.1 **B1.6.



COVER LETTER

Division of Corporations		
RICHIE RICH LLC SUBJECT:		
Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L20000287691		****
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to th	ne following:
Ryan Potter		
Name of Person		
ZenBusiness Inc.		
Name of Firm/Company	·	
336 E. College Ave. Suite 301		
Address	.	
Tallahassee, FL 32301		
City/State and Zip Code		
ra@zenbusiness.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter,	please call:	
Ryan Potter at	844	493-6249)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115. Florida Statutes, t	he undersigned.		
Registered Agents Inc.		, hereby resigns as	hereby resigns as	
Name of Regi	stered Agent	<u>.</u>		
Registered Agent for RICHIE RICH	LLC			
Na	une of Limited Liability Company			
1.20000287691				
Document Number, if known	l			
A copy of this resignation was maile	d to the above listed limited l	liability company at its last kr	nown address.	
The agency is terminated and the off	ice discontinued on the 31st of	day after the date on which th	is statement is	filed.
	avid Siknature of Resigning	g Agent		
If signing on behalf of an entity:			7/ 28	
REGISTER	ED AGENTS INC. by David R	toberts	2023 HAY 26	
	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	MAY 26	1 ;
Assistant Se	ecretary		26 SS	-
	Capacity		rm	
			PM 12: 28 OF SINTE E. FLORID	
3	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	bility company dissolved/ voluntarily dissolved liability company	ved/	

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