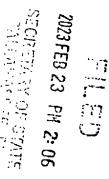
L2000362973

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

Division of Corporations SUBJECT: Rivas & Frias Enterprises LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000362973 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: 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section

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 provisi	ions of section 605.011	5, Florida Statutes, the unde	ersigned,		
Name of Registered Agent			_ , hereby resigns as		
Registered Agent for _	Rivas & Frias Ente	erprises LLC			_
	Name of Lin	nited Liability Company			<u></u> '
L20000362973					
Document i	Number, if known				
A copy of this resignat	tion was mailed to the	above listed limited liability	company at its last kno	wn addres:	3 .
The agency is terminal	ted and the office disco	ontinued on the 31st day afte	er the date on which this	statement	is filed.
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Cheyenne Mose	eley		22 ≥	,
	-	Typed or Printed Name			,
	Asst. Secretary for United States Corporation Agents, Inc.				1.74
		Capacity		2023 FEB 23	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolvé ity company	OF STATE	

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