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(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	•
RIS SUPER STORE LLC SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L21000070286	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	fee are submitted
Please return all correspondence concerning this matter to the following:	
BRANDON SJELIN	
Name of Person	
FIRST CORPORATE SOLUTIONS, INC.	
Name of Firm/Company	^2
12631 Imperial Hwy, F-106	
Address	₽
Santa Fe Springs, CA 90670	
City/State and Zip Code	
·	Ά.
	~~
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brandon Sjelin 844 392-7588	
Name of Person at () Name of Person Area Code Daytime Telephone Num	iber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5, Florida Statutes, the unde	ersigned,	
FIRST CORPORATE SOLUTIONS, INC.			. hereby resigns as	
	Name of Registered Age		Hereby resigna as	
Registered Agent for _	RJS SUPER STORE LI	"C		
	Name of Lir	nited Liability Company		·
L21000070286				
Document?	Sumber, if known			
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its last known ad	idress.
	0/	Sunance of Resigning Agent	er the date on which this stater	nem is med
If signing on behalf of	·			1/2
	First Corporate Solut	tions, Inc. by Dang Nguyen		199
	Assistant Secretary	Typed or Printed Name		(H
		Сарасну		چ چ
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	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability e Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/ lity company	70

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