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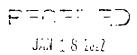
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COVER LETTER

TO: Registration Section
Division of Corporations

RIASCA LLC

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000083276	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
RICARDO A. LOPEZ	
Name of Person	
RIASCA LLC	
Name of Firm/Company	
14864 SW 29TH TER	
Address	
MIAMI, FL 33185	
City/State and Zip Code	
ricardoalopezr@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RICARDO LOPEZ 954 at (471 8833
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section NOHEM1 D. IRAST		_		Z ====
Name of Regi	stered Agent	, hereby resi	gns as	8 5
Registered Agent for RIASCA LLC			1889 P	丑
· · · · · · · · · · · · · · · · · · ·			E 5 7 5	<u>ب</u>
Na	ame of Limited Liability Company			— ⊘
L21000083276				
Document Number, if known	1			
The agency is terminated and the off	d to the above listed limited linited			
		ay after the date on v		
	Tice discontinued on the 31st d	ay after the date on v		
The agency is terminated and the off	Tice discontinued on the 31st d	ay after the date on v		
The agency is terminated and the off	Tice discontinued on the 31st d	ay after the date on v		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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