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COVER LETTER

Division of Corporations **SUBJECT:** Ruff Rider Ventures LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000147830 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Flor	ida Statutes, the unders	igned,			
Name of Registered Agent		, hereby resigns as				
			_ , hereby resigns as			
Registered Agent for	Ruff Rider Ventures LLC	<u> </u>				
	Name of Limited Lia	ability Company				
L23000147830						
Document N	umber, if known					
A copy of this resignati	on was mailed to the above I	listed limited liability co	ompany at its last l	known ad	dress.	
The agency is terminate	d and the office discontinue	d on the 31st day after t	the date on which	this stater	ment is	filed.
	Crik	Treedlein				
	Signal	ture of Resigning Agent				
If signing on behalf of a	n entity:					
	Erik Treutlein			TĂĽ	2024	
	Typed or	Printed Name		LAI	نے	TI
	Vice President for United S	States Corporation Ager	nts, Inc.	AHAS	X 2	
	Capa	acity		SET	0	רח
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	FILING FEES \$ 85.00 Acti \$ 25.00 Adm with	<u>:</u> ve limited liability com ninistratively dissolved, ndrawn limited liability	npany / voluntarily disso [,] company	Dlved/	చ	

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