# M0500004623

•
(Requestor's Mame)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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J. HORNE
JUN 1 2 2024
Office Use Only



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2024 JUN 11 MI10: 23

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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/07/24

Order #: 1515446-65 --- -

Re: Wood Rialto Investors, LLC

:Processing:Method::Routine:

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$87.50 - FL State Account Number:

120000000195

AUTHOR AND

Please take the following action:
File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Wood Rialto Investors, LLC  Name of Limited Liabilit	v Company
		y Company
DOC	UMENT NUMBER: M05000004823	
The e	nclosed Resignation of Registered Agent for a Limiteing.	d Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to	he following:
RESIG	GNATIONS DEPARTMENT	
	Name of Person	_
CORP	ORATION SERVICE COMPANY	
	Name of Firm/Company	_
251 L	TTLE FALLS DRIVE	
	Address	_
WILM	IINGTON, DE 19808	
	City/State and Zip Code	_
ANNU	JALREPORTS@CSCGLOBAL.COM	
F	-mail address: (to be used for future annual report notification)	_
For fi	orther information concerning this matter, please call:	
RESIG	Name of Person at ( Area Code	927-9801
	Name of Person Area Code	Daytime Telephone Number
Enclo liabili limite	sed is a check made payable to the Florida Departme ty company or \$25.00 for an administratively dissolv d liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

### **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

CORPORATION SE	RVICE COMPANY	, hereby resigns as	· .
•	Name of Registered Agent	;	
Registered-Agent for	r Wood Rialto Investors, LLC	<u>.                                    </u>	
	Name of Limited Liability Company		
M05000004823			
Documen	nt Number, if known nation was mailed to the above listed limited liabil	lity company at its last kno	wn address.
Documer A copy of this resign	nation was mailed to the above listed limited liabil nated and the office discontinued on the 31st day a	after the date on which this	
Documer A copy of this resign The agency is termin	nation was mailed to the above listed limited liabil nated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which this	
Documer A copy of this resign	nation was mailed to the above listed limited liabil nated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which this	

FH.ING 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

ARGES-7215

INHS17 (2/14)