

M170000001886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

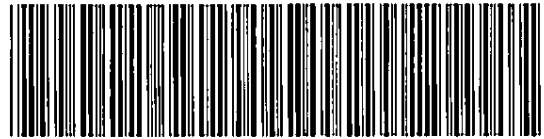
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374820908

10/12/21--01018006**85.00

SECRET
TALLER
2021 OCT 12 AM 9:23
FILED

RECEIVED
2021 OCT 12 PM 2:03
SECRET
TALLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVIERA TRAVEL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000001886

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:

LEISA RICHARD
Name of Person

FLORIDA FILING & Search Svcs. Inc
Name of Firm/Company

155 Office Plaza Dr
Address

Tallahassee, FL 32301
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEISA RICHARD at (850) 216-0457
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the undersigned,

Florida Filing & Search Svcs. INC hereby resigns as
Name of Registered Agent

Registered Agent for RIVIERA TRAVEL LLC

Name of Limited Liability Company

M17000001886
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

A. Hodge
Signature of Resigning Agent

If signing on behalf of an entity:

A. Hodge
Typed or Printed Name
Florida Filing & Search CEO
Capacity

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

FILED
2021 OCT 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FL