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(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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2022 JUN 10 PM 3: 04 SECKERARY OF STAFF

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RIVERBOAT GROUP, LLC	;			
SUBJECT: Name of	of Limited Liability	Company		
DOCUMENT NUMBER: M170000060		· · ·		
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning	ng this matter to th	e following:		
C/O JOSE GOMEZ				
Name of Person				
PARACORP INCORPORATED				
Name of Firm/Company				
2804 Gateway Oaks Dr #100				
Address				
Sacramento, CA 95833				
City/State and Zip Code				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this ma	nter, please call:			
VANESSA FLANAGAN	800 at (533-7272		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the F liability company or \$25.00 for an administiability company.	lorida Department stratively dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	15. Florida Statutes, the unc	lersigned.	
PARACORP INCORPORATED		, hereby resigns as		
Name of Registered Agent				
Registered Agent for R	IVERBOAT GRO	OUP, LLC		
	Name of Lir	nited Liability Company		
		,,		
M17000006023				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the	above listed limited liabilit	y company at its last know	m address.
The agency is terminated	d and the office disco	ontinued on the 31st day af	ter the date on which this s	tatement is filed.
If signing on behalf of a	Jose Gomez Asst. Secretary	Signature of Resigning Agent Typed or Printed Name for Paracorp Incorpor Capacity	ated AHAS	2022 JUN 10 PM 3: 04
	\$ 85.00 \$ 25.00	Active limited liability Administratively dissol withdrawn limited liab	company ved/voluntarily dissolved ility company	J.

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