

M1000000410  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL  
RIALTO RL CML 2009-1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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D. BRUCE  
NOV 10 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rialto RL CML 2009-1, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI BUCKLER  
\_\_\_\_\_  
(Name of Person)

Rialto RL CML 2009-1, LLC  
\_\_\_\_\_  
(Firm/Company)

790 NW 107TH AVENUE, SUITE 400  
\_\_\_\_\_  
(Address)

MIAMI, FLORIDA 33172  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LORI BUCKLER at ( 305 ) 229-6675  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Rialto RL (CML 2009-1, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

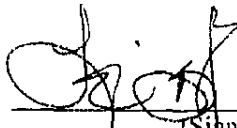
1/29/10

(Date registered with Florida Department of State)

M10000900410

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

LORI BUCKLER

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

**FILED**

**Filing Fee: \$25.00**