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2013 JUN 13 AM II: 34 SLORETARY OF STATE

JUN 14 2013 D. BRUCE

## **COVER LETTER**

| TO: Registration Division of              | n Section<br>Corporations                    |   |                                   |            |  |                  |                       |      |
|---|--|---|-----------------------------------|------------|--|------------------|-----------------------|------|
| BODDECI                                   | Riviera Limited F                            |   |                                   | ity Lim    | sited Partnership)   |                  | _                     |      |
| The enclosed Notic                        | ce of Cancellation and                       | fee(s)                                  | are submitt                       | ed for     | filing.  |                  |                       |      |
| Please return all co                      | rrespondence concerni                        | ng thi                                  | s matter to:                      |            |  |                  |                       |      |
| Theresa Rivkir                            | 1  |   |                                   |            |  |                  |                       |      |
|   | (Contact Person)                             |   |                                   | _          |  |                  |                       |      |
| Triad                                     |  |   |                                   |            |  |                  |                       |      |
| ·   | (Firm/Company)                               |   |                                   | _          |  |                  |                       |      |
| 2801 Alaskan                              | Way, Suite 107                               |   |                                   |            |  |                  |                       |      |
| **************************************    | (Address)                                    |   |                                   | _          |  |                  |                       |      |
| Seattle, WA 98                            | 3121   |   |                                   |            |  | -,               | ~3                    |      |
|   | (City, State and Zip Code                    | <br>)                                   |                                   | _          |  |                  | 2                     |      |
|   |  |   |                                   |            |  | 经                | ال                    | 0    |
| For further informa                       | ation concerning this m                      | atter,                                  | please call:                      |            |  | TAR<br>TAR       | بنہ                   |      |
| Theresa Rivkir                            | 1  | at                                      | 206                               | 374        | 4-0414   | 1338<br>10 A     | 2813 JUN-13 AM II: 34 | 17   |
| (Name of Co                               | ntact Person)                                |   | \                                 | e and D    | Daytime Telephone N  | Anu <u>m</u> et. | - =                   | Ī    |
| Enclosed is a check                       | for the following amo                        | ount:                                   |                                   |            |  | AIE<br>PRIDA     | :<br>3 <b>4</b>       | 3711 |
| ✓ \$52.50 Filing Fee                      | \$61.25 Filing Fee and Certificate of Status |   | \$105.00 Filing<br>I Certified Co |            | \$113.75 Filing<br>Certified Copy, a<br>Certificate of Sta | and              |                       |      |
| STREET ADDRESS:                           |  | MAILING ADDRESS:                        |                                   |            |  |                  |                       |      |
| Registration Section                      |  | Registration Section                    |                                   |            |  |                  |                       |      |
| Division of Corporations Clifton Building |  | Division of Corporations P. O. Box 6327 |                                   |            |  |                  |                       |      |
| 2661 Executive Center Circle              |  | Tallahassee, FL 32314                   |                                   |            |  |                  |                       |      |
| Tallahassee, FL 32                        |  |   |                                   | <b>-</b> , | · ·  |                  |                       |      |

## NOTICE OF CANCELLATION **FOR** FOREIGN LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

Triad Riviera Limited Partnership

| (Name of limited partr   | tership or limited li            | ability limited partnership) |                           |
|--|----------------------------------|------------------------------|---------------------------|
| Washington   |                                  |                              |                           |
| (J   | urisdiction of form              | ation)                       |                           |
| 5/09/1996  |                                  |                              |                           |
| (Date author   | ized to transact bus             | iness in Florida)            |                           |
| This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.                | _                                | •                            | _                         |
| This entity appoints the Florida Derrights of action arising out of the tra                              |                                  |                              | e of process for          |
| Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.) | of filing:<br>than 90 days after | the date this document is fi | iled by the Florida       |
| Signature of a general partner:  |                                  |                              | 2018 JUN 13<br>PALLAHASSE |
| Typed or printed name:   |                                  |                              | m—                        |
| Frederick W. Grimm   |                                  | _                            | AM II: 34<br>FLORIDA      |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):                           | \$52.50<br>\$52.50<br>\$8.75     |                              | )A                        |