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(Requestor's Name)				
(Address)				
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JUL , LUCI

COVER LETTER

~	istration Section ision of Corporations			
SUBJECT:	Member resignation			
	(Name of Limited Liabil	lity Company)		
The enclose	ed member, resignation or dissociation and	d fee(s) are submitted for filing.		
Please return	n all correspondence concerning this mat	ter to:		
	GINET, LOIC			
	(Contact Person)			
	FRENCH RIVIERA L.L.C.			
	(Firm/Company)			
1	1688 Meridian Avenue, Suite 420			
	(Address)			
	Miami Beach, FL 33139			
	(City/State and Zip Code)			
For further i	information concerning this matter, please	e call:		
	GINET, LOIC	786) 593 - 7735		
1)	Name of Contact Person) (Area	a Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy				
Regi Divi: P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	as it appears on the records of the F	Florida Department
of State is: FF	ENCH RIVIERA L.L.C.		·
2. The Florida doc	U	assigned to this limited liability co	mpany is:
		esigned or will withdraw/resign is:	06/03/2021
4. I,, hereby withdraw/resign as a			
(Print)	lame of Person Resigning)		-·
	MGRM		-13 - "
	(Print Title)		
of this limited lia resignation in wi		the limited liability company has b	een notified of my
Signature of D	issociating Member or Resi	igning Manager	一 —
Filing Fee	\$25.00 (Required)		
/ -	\$30.00 (Optional)		