

L040000068808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Acknowledgment #

W. F. V. 11/21/05



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11/21/05--01013--006 **135.00

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2005 NOV 21 P 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM: Philip C. Rosen

DATE: November 18, 2005

RE: New Riviera 816, LLC

DOC # L04000068808

Enclosed please find the following original documents:

1. Resignation of Member, Managing Member or Manager
2. Resignation of Registered Agent for a Limited Liability Company
3. Statement of Change of Registered Office or Registered Agent or Both
Limited Liability Company.

I am also including our trust account check number 1424 in the amount of \$135.00 for filing fees on the above.

If you have any questions, please do not hesitate to contact this office.

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

OOON TEONG KO

(Name of Registered Agent)

, hereby resigns as

Registered Agent for NEW RIVIERA 816, LLC

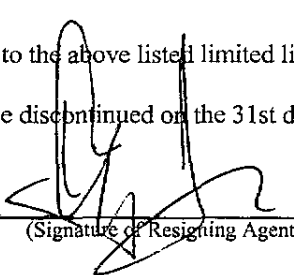
(Name of Limited Liability Company)

L04000068808

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314