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ECRETARY OF STATE

## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Riverview Town Center,		
	(Name of	Limited Liability Co	mpany)
The enclosed	l member, resignation or diss	sociation and fee(	s) are submitted for filing.
Please return	all correspondence concerni	ing this matter to:	:
Janine K. C	Cornelius		
	(Contact Person)		
	(Firm/Company)		<del></del>
	(Film/Company)		
2401 S. Da	le Mabry Hwy.		
	(Address)		<del></del>
Tampa, FL	33629		
	(City/State and Zip Code)		_
For further in	formation concerning this m	atter, please call:	
Janine K. C	omelius	813 at (	254-4568
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea 25 Filing	ase find a check made payabl Fee		Department of State for: 3 Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration S	Section		Registration Section

Division of Corporations

Tallahassec, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building



## 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)

	e limited liability company as erview Town Center				
	cument/registration number as				
	ember/manager withdrew/res				
4. I. (Print	Cornelius  Name of Person Resigning)	, hereby withdraw/res	reby withdraw/resign as a		
Manager	vame of rerson resigning)				
<u>, , , , , , , , , , , , , , , , , , , </u>	(Print Title)				
of this limited lia resignation in w	ability company and affirm th	e limited liability company	/ has been notified of my		
Coseph	F Corrolius	/	2021 JI SECRE TALL		
Signature of D	issociating Member or Resign	ning Manager	TARY AHASS		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				