

L21000247136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

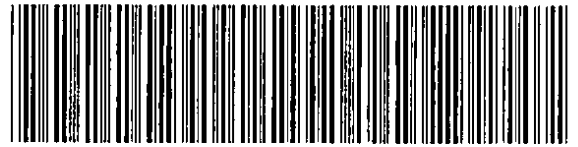
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BB RIVERVIEW LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000247136

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARDIK SHAH

Name of Person

Name of Firm/Company

1285 DUSTY PINE DRIVE

Address

APOPKA, FL 32703

City/State and Zip Code

HARDIK.SHAH@FOXTAILFRANCHISE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARDIK SHAH

Name of Person

352
at (_____)_____
Area Code

272-5944

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LEGAL COUNSEL, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for BB RIVERVIEW, LLC

Name of Limited Liability Company

L21000247136

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:

MICHELE DIGLIO-BENKIRAN

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

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withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INH117 (2/14)

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