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EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations					
subject: Rive	rview Bell Plaza II, LL	C				
		reign Limited Liability (Company)			
Dear Sir or Madam:						
The enclosed withdr	awal and fee(s) are submitte	ed for filing.				
Please return all core	respondence concerning this	s matter to the following	;			
James D. Pale	ermo, Esq.					
	(Name of Person)					
DeBartolo Holo	lings, LLC					
	(Firm/Company)					
15436 N. Florid	da Avenue, Suite 200	0				
	(Address)					
Tampa, Florida						
	(City/State and Zip Coo	ie)				
For further informati	ion concerning this matter, j	please call:				
James D. Pale	rmo .	at (813	264 8803		₹	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	LAH.	12 AUG 2	13 W
	COURIER ADDRESS:	maning applease,		621	400m 5 55 5	
	Corporations	Registration Section Division of Corporations				
Clifton Buil	ding tive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		<u> </u>		نبرت)
	, Florida 32301	i diran	13300, 1 1011dii 32314	RID.	10: 07	
Enclosed is a check	for the following amount:	!		عتبلا	-	
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Riverview Bell Plaza II, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0500000318
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
15436 N. Florida Avenue, Suite 200
(Mailing address)
Tampa, Florida 33613
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
James D. Palermo, Esq.
(Typed or printed name of signee)
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Filing Fee: \$25.00