

5/5/2014 16:39:56 From: To: 8506176383

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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14 MAY -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RLV GP WEST BROWARD LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

M. MILLIGAN  
EXAMINER

MAY - 9 2014

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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
RLV GP WEST BROWARD LLC

**SECOND:** The Florida Document number of the limited liability company is: M05000000735

**THIRD:** Document to be corrected is:  
APPLICATION FOR WITHDRAWAL OF AUTHORITY

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The effective date of the certificate of withdrawal is May 31, 2014. The wrong  
effective date was used.

The effective date of the certificate of withdrawal is May 23, 2014.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative  
Gregory R. Andrews, Chief Financial Officer

Date

5/5/14

Filing Fee: \$25.00  
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