

105000000955

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000107645 3)))



H140001076453ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 MAY -5 PM 4:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RLV GP MARKETPLACE LLC**

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

FILED
14 MAY -5 PM 2:40
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**M. MILLIGAN
EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

MAY -9 2014

FILED
14 MAY -5 PM 2:40
SECRET
TALLAHASSEE, FLORIDA

**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 MARKETPLACE LLC

SECOND: The Florida Document number of the limited liability company is: M05000000955

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.

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

5/5/14
Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)