

MO60000000489 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

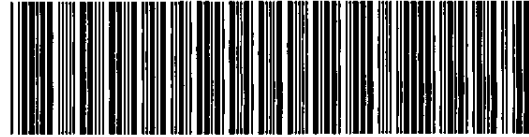
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300220556413

02/20/12--01023--018 **25.00

FILED
12 FEB 20 PM 3:56
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 21 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson Family Riviera Senior Living, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Rich
(Name of Person)

Schell Bray PLLC
(Firm/Company)

230 North Elm Street, Suite 1500
(Address)

Greensboro, North Carolina 27401
(City/State and Zip Code)

RECEIVED
12 FEB 20 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bruce Rich at (336) 370-8815
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$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**

Johnson Family Riviera Senior Living, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M06000000489

(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.

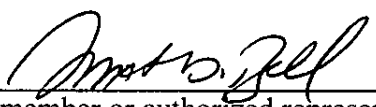
300 North Greene Street, Suite 1000

(Mailing address)

Greensboro, North Carolina 27401

(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)

Jonathan D. Bell, President
Bell Partners Inc.

(Typed or printed name of signee)

FILED
12 FEB 20 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00