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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Vans	tory Riviera Senior Liv	ving, LLC	
	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	3:
Bruce Rich			
	(Name of Person)		
Schell Bray PLI	_C		
	(Firm/Company)		•
230 North Elm	Street, Suite 1500		
	(Address)		
Greensboro, No	orth Carolina 27401		
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	lease call:	
Bruce Rich		at (336	₎ 370-8815
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		Regist Divisio	LING ADDRESS: ration Section on of Corporations lox 6327
2661 Execut	ive Center Circle Florida 32301	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

Vanstory Riviera Sen		FII I2 FEB 20 SEORETAI ALLAHAS
Delaware	(Name of limited liability company)	N OF STA
M06000000490	(Jurisdiction of its organization)	SS STE
	(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 N. Greene Street, Suite 1000	
(Mailing address)	
Groonshore, North Carolina 27401	
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)

Beil Partners Inc., Manager

(Typed or printed name of signee)

Filing Fee: \$25.00