Page 1 of 1



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (650)222-1092 Fax Number : (850)878-5368 EC -5 PH 12: 19

LLC DISSOLUTION OR WITHDRAWAL ROYAL COVE PARTNERS, LLC

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COVER LETTER

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	tion Section of Corporations		
RO SUBJECT:	YAL COVE PARTNERS, LLC	;	
	(Name of For	eign Limited Linbility C	Company) .
Doar Sir or Mada	na:		•
The enclosed with	ndrawal and fee(s) are submitte	d for filing.	
Picaso return all c	correspondence concerning this	matter to the following:	•
Terri McLaughli	n		
	(Name of Person)		
Landmark Reside	ential, LLC		·
	(Pirm/Company)		
3505 E Frontage	Road, Suite 150		
	(Address)		•
Tampa, FL 3360	7-1703		
	(City/State and Zip Cod	•)	•
For further inform	nation concerning this matter, p	lease call:	
Terri McLaughli	n	813	281-2907
	(Plame of Person)		Daytime Telephone Number)
	T/COURIER ADDRESS: tion Section	MAILING ADDRESS:	
	of Corporations	Registration Section Division of Corporations	
	Building	P.O. Box 6327	
2661 Ex	ecutive Center Circle see, Plorida 32301		assec, Florida 32314
Enclosed is a ch	eck for the following amount:		•
■ \$25 Filling Pec	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ROYAL COVE PARTNERS, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
02/08/2008
(Date registered with Florida Department of State)
M0800000679
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Joseph Lubeck
(Typed or printed name of signee)

Filing Fee: \$25.00