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## LLC DISSOLUTION OR WITHDRAWAL GA ROYAL RIDGE, LLC

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Effective Date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or	GA Royal Ridge, LLC	
(Jurisdiction of its organization)  February 24, 2011  (Date registered with Florida Department of State)  M1100000985  (Florida Document Number)  This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:  (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	(Name of limited liability company)	<del></del>
(Date registered with Florida Department of State)  M1100000985  (Florida Document Number)  This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:	Delaware	
(Date registered with Florida Department of State)  M1100000985  (Florida Document Number)  This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements,	(Jurisdiction of its organization)	
(Florida Document Number)  This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:	February 24, 2011	
(Florida Document Number)  This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:	(Date registered with Florida Department of State)	
This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:	M11000000985	
Effective Date, if other than the date of filing:	(Florida Document Number)	
Ann Marie Pozzini  (Signature of authorized representative)  Ann Marie Pozzini	(If an effective date is listed, the date must be specific and cannot be prior to date of fil more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing req this date will not be listed as the document's effective date on the Department of State  Ann Maris Pozzini  (Signature of and forized representative)	ling or 20 uircments, srecords.
(Typed or printed name of signee)	(Typed or printed name of signee)	

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