

(Re	equestor's Name)				
(Ad	idress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



500290929265

10/18/16--01003--030 **25.00



OCT 1 8 2016 Y SULKER

COVER LETTER

		n Section Corporations		
SUBJECT:	IR-R	ivergate, LLC		
00202011		(Name of For	eign Limited Liability (Company)
Dear Sir or	Madam:			
The enclose	d withdr	awal and fee(s) are submitted	d for filing.	
Please retur	n all con	respondence concerning this	matter to the following:	:
Mukang	Cho			
		(Name of Person)		
Morning	Calm	Management		
		(Firm/Company)		
1641 Wo	orthing	ton Road, Suite 140		
		(Address)		
West Pa	Im Bea	ach, FL 33409		
		(City/State and Zip Cod	e)	
For further	informat	ion concerning this matter, p	lease call:	
Benjamii	n M ydl	arz	561	383-2420
	(N	ame of Person)		Daytime Telephone Number)
Re Di [.] Cli 26	gistration vision of ifton Bui 61 Execu	COURIER ADDRESS: In Section Corporations Iding Litive Center Circle 2, Florida 32301	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314
Enclosed is	a check	for the following amount:		
⊿ \$25 Filin	ig Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IR-Riverga	ate, LLC	
	(Name of limited liability company)	·
Delaware		
	(Jurisdiction of its organization)	
11/6/2014		
	(Date registered with Florida Department of State)	
M1400000	08554	•
	(Florida Document Number)	
This limited	d liability company is withdrawing its certificate of authority in this s	tate.
	(Signature of authorized representative)	
	Mukang Cho	Po
	(Typed or printed name of signee)	S OCT 18 PM

Filing Fee: \$25.00