5000001837

(Requestor's Name)
(Address)
(Address)
(City/State/Z _t p/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 268174 5021613

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE: November 28, 2021

ORDER TIME : 9:02 AM

ORDER NO. : 268174-015

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: RIVIERA ACQUISITION LLC

CORPORATE
LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

	on Section of Corporations			
SUBJECT:	SUBJECT: RIVIERA ACQUISITION LLC			
		oreign Limited Liabilit		
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitt	ed for filing.		
Please return all co.	rrespondence concerning thi	s matter to the followi	ng:	
	(Name of Person)		_	
	(Firm/Company)	-	_	
	(Address)		_	
	(City/State and Zip Cod	de)	_	
For further informat	ion concerning this matter,	please call:		
4)	fame of Person)	at (at (Area Code) & Daytime Telephone Number)	
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
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	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RIVIERA ACQUISITION LLC	292
(Name of limited liability company)	
(Tame of minica habitity company)	th: 29
	₹2
DELAWARE	دی
(Jurisdiction of its organization)	F
MARCH 10, 2015	ထ်
(Date registered with Florida Department of State)	C
M15000001837	
(Florida Document Number)	
Effective Date, if other than the date of filing:	nuirements.
DocuSigned by: 631B48A98CE0499 (Signature of authorized representative)	
Arthur Amron, Vice President and Assistant Secretary	
(Typed or printed name of signee)	

Filing Fee: \$25.00