Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL MHJV RIVERWALK LENDER LLC

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Estimated Charge	\$55.00

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COVER LETTER

TO: Registration Section Division of Corporations			
	V Riverwalk Lender LLC		
(Name of Foreign Limited Liability Company)			
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted in	for filing.		
Please return all correspondence concerning this m	atter to the following:		
(Name of Person)			
Conital Candings - Cornerate Filings Te	anam.		
Capitol Services - Corporate Filings Te	: 111		
(,,,,,,,,,,,,,,,,			
515 East Park Avenue 2nd FI			
(Address)			
Tallahassee , FL 32301			
(City/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
	at (855) 498 - 5500 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

H24000304485

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	MHJV Riverwalk Lender LLC		
	(Name of limited liability company)		
Delaware			
	(Jurisdiction of its organization)		
December 13, 20	(Date registered with Florida Department of State)		
M22000018573	, , , , , , , , , , , , , , , , , , ,		
	(Florida Document Number)		
This limited liabilit	y company is withdrawing its certificate of authority in th	is state.	
If an effective date nore than 90 days a Note: If the date ins	her than the date of filing: is listed, the date must be specific and cannot be prior to after filing.) serted in this block does not meet the applicable statutory listed as the document's effective date on the Departmen	filing requirements,	
	(Signature of authorized representative)		
	(Signature of authorized representative)		
	Kathy Binford	2024 SET	
	(Typed or printed name of signee)	- 6 Ej	
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Filing Fee: \$25.00