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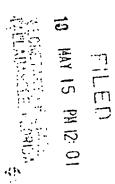
(Rec	questor's Name)	<u> </u>
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

	istration Se vision of Co				
SUBJECT:	Hibiscus Boulevard 6, LLC				
SOBJECT.	_	(Name of For	eign Limited Liability	Company)	
Dear Sir or N	vladam:				
The enclosed	d withdrawa	l and fee(s) are submitte	d for filing.		
Please return	all corresp	ondence concerning this	matter to the followin	g:	
Helen Castro	o				
		(Name of Person)		<u></u>	
		(Firm/Company)		_	
553 Atherto	n Avenue				
		(Address)		_	
Novato, CA	94945				
		(City/State and Zip Cod	e)	-	
For further in	nformation (concerning this matter, p	lease call:		
Patrick Mite	hell		415 at (485-5140	
	(Name	of Person)	(Area Code a	& Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is	a check for	the following amount:			
■ \$25 Filing	g Fee C	S30 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

Hibiscus Boulev	ard 6, LLC	en en
	(Name of limited liability company)	
Florida LLC		
	(Jurisdiction of its organization)	· ·
10/11/2005		
	(Date registered with Florida Department of State)	
N105000005700		
	(Florida Document Number)	
(If an effectiv more than 90 Note: If the d	e, if other than the date of filing:e date is listed, the date must be specific and cannot be prior days after filing.) ate inserted in this block does not meet the applicable statuto not be listed as the document's effective date on the Department.	ory filing requirements,
	(Signature of authorized representative)	
	Helen Castro, Trustee of the Helen Castro Family Living Trust (Typed or printed name of signee)	

Filing Fee: \$25.00