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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLAGLER DEVELOPMENT GROUP
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL
SFLC BUILDING 4 LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

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TALLAHASSEE, FLORIDA

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D. BRUCE
FEB 14 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFLC Building 4 LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kolleen Cobb**

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

**2855 Le Jeune Rd., 4th Floor**

\_\_\_\_\_  
(Address)

**Coral Gables, FL 33134**

\_\_\_\_\_  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Jessica Perez** at ( 305 ) 520-2366  
(Name of Person) (Area Code & 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 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**

SFLC Building 4 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

4/23/2015

(Date registered with Florida Department of State)

M15000003110

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Kolleen Cobb, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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