## M Souceappa

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



900306682159

THE LED

ZHT CC TA CA CA CA

D. COOTT DEC 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

.

ACCOUNT NO. : I2000000195 REFERENCE: 954947 4805411 AUTHORIZATION COST LIMIT : ORDER DATE: December 13, 2017 ORDER TIME : 9:53 AM ORDER NO. : 954947-015 CUSTOMER NO: 4805411 FOREIGN FILINGS NAME: GCAM LEGACY LAND LLC \_ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

77

## **COVER LETTER**

то:		istration Section sion of Corporations							
SUBJE	ECT:	GCAM Legacy Land	I LLC						
			(Name of For	eign Limited Liab	ility	Company)			
D - 0		(- <b>1</b>							
Dear S	ir or N	tagam:							
The en	closed	withdrawal and fee(s	) are submitte	d for filing.					
Please	return	all correspondence co	oncerning this	matter to the follo	wing	\$			
John L	ane								
		(Name o	of Person)		<u></u> .	-			
GCAN	И Lega	acy Land LLC							
		(Firm/C	ompany)	· · · · · · · · · · · · · · · · · · ·		-			
650 N	ewpor	t Center Drive							
		(Addres	s)	<u>-</u> .		-	175	进1	
Newp	ort Be	ach, CA 92660						Lic	
		(City/St	ate and Zip Coo	ie)		-	ê Cija	<u>-</u>	1
For fu	ther is	nformation concerning	g this matter, p	lease call:			· ·	>	
John I	ane			949		720-6000		čò	
		(Name of Person)		at ( (Area C	ode 8	Daytime Telephone Numb	er)		
	ST	REET/COURIER A	DDRESS:			LING ADDRESS:			
					tration Section				
				ion of Corporations Box 6327					
- 6				hassee, Florida 32314					
Enclos	sed is	a check for the follow	wing amount:	;					
□ <b>\$</b> 25	Filing		ng Fee & ate of Status	Certified Cop		☐ \$60 Filing Fee, Certificate of Statu Certified Copy	s &		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GCAM Legacy	y Land LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
November 12,	2015	
	(Date registered with Florida Department of State	e)
M1500000910	99	
	(Florida Document Number)	<del></del>
This limited	liability company is withdrawing its certificate of authority	y in this state.
(If an effecti more than 90 Note: If the	ate, if other than the date of filing:  ive date is listed, the date must be specific and cannot be properties of days after filing.)  date inserted in this block does not meet the applicable sta	tutory filing requirements,
this date wil	I not be listed as the document's effective date on the Department.	•
EGAZ	(Signature of authorized representative)	ALLANSASSES
riedman	John Lane  (Typed or printed name of signee)	14 A 8: 42

Filing Fee: \$25.00