# M05000001884

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | dress)            |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | ry/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificate     | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |





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TIMOTHY B FRANCIS DAVID A. MARCELLO

OF COUNSEL:

Direct Dial: (504) 299-2282

504) 299-2100 FAX (504) 299-2300

January 14, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Notice(s) of Withdrawal of Certificate of Authority PMAT Bellair, L.L.C. (M05000001884) and PMAT Bellair Investment, L.L.C. (M05000001883) and Our File No. 20364.0097

Dear Sir or Madam:

Enclosed please find two (2) Notice(s) of Withdrawal of Certificate of Authority for PMAT Bellair, L.L.C. and PMAT Bellair Investment, L.L.C. As noted on the required Cover Letters, please return a Certificate of Status and Certified Copy once each Notice of Withdrawal has been processed. Check No. 19624 in the amount of one hundred and twenty dollars (\$120.00) has been enclosed to cover the costs of filing fees, Certificates of Status and certified copies.

Thank you for your assistance in this matter. Should you have any questions or concerns, please do not hesitate to contact me for further clarification.

Sincerely.

Katie Guevara Allen

Katie Allen

#### **COVER LETTER**

| TO: Registration Division of   | Section<br>Corporations                   |   |   |  |
|--|---|---|---|--|
| SUBJECT: PN  | AT BELLAIF                                | R, L.L.C.   |   |  |
| 50 <b>5</b> 0 <b>5</b> 01.   |   | reign Limited Liability (   | Company)  |  |
| Dear Sir or Madam:   |   |   |   |  |
| The enclosed withdra   | wal and fee(s) are submitte               | d for filing.   |   |  |
| Please return all corre  | espondence concerning this                | matter to the following:  | :   |  |
| Neal J. Kling  |   |   |   |  |
|  | (Name of Person)                          | <del></del>   |   |  |
| Sher Garner C  | cahill Richter Klein &                    | & Hilbert, L.L.C.   |   |  |
| 909 Poydras  | Street, Suite 28                          | 300   |   |  |
|  | (Address)                                 |   |   |  |
| New Orleans, LA 70112-4046   |   |   |   |  |
|  | (City/State and Zip Cod                   | e)  |   |  |
| For further information  | on concerning this matter, p              | lease call:   |   |  |
| Katie Gueva  | ra Allen                                  | <sub>a.</sub> 504   | 299-2282  |  |
| (Na  | me 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,<br>Certificate of Status &<br>Certified Copy |  |

FILED 2014 JAN 21 PM 3: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

### PMAT BELLAIR, L.L.C.

(Name of limited liability company)

#### Delaware

(Jurisdiction of its organization)

### 04/11/2005

(Date registered with Florida Department of State)

#### M05000001884

(Florida Document Number)

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

(Signature of authorized representative)

Robert A. Whelan

(Typed or printed name of signee)

Filing Fee: \$25.00