M1400000346H

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PICK-UP WAIT MAIL				
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DEPARTMENT OF STATE

N. Guilligan JUL 3 1 2014



ACCOUNT NO. : 12000000195

REFERENCE : 237428 4709638

AUTHORIZATION

COST LIMIT()

ORDER DATE : July 30, 2014

ORDER TIME : 12:07 PM

ORDER NO. : 237428-005

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME:

VIA LUGANO CONDO TERMINATION

TRUSTEE LLC

CORPORATE

LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

____ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Division of	n Section f Corporations		
Via l	ugano Condo Termi	nation Trustee LL	С
Sobster,	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	g:
Suzanne Abair			
	(Name of Person)		-
Northland Inve	stment Corporation		
	(Firm/Company)		_
2150 Washing	on Street		
	(Address)		
Newton, MA 0	2462		
	(City/State and Zip Cod	le)	-
For further informat	ion concerning this matter, p	olease call:	
Suzanne Abair		617 at (965-7100
(N	ame of Person)	(Area Code &	_)
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	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Via Lugano Condo Termination Trustee LLC			
(Name of limited liability company)		-	
Delaware			
(Jurisdiction of its organization)		_	
May 21, 2014			
(Date registered with Florida Department of State)		_	
M14000003464			
(Florida Document Number)	 	-	
This limited liability company is withdrawing its certificate of authority in this state.			
(Signature of authorized representative)			
Suzanne Abair, Authorized Representative		2914	
(Typed or printed name of signee)	ALLASSEE, PLOR	JUL 30 AN 9:	- ררכ

Filing Fee: \$25.00