# M11000000786

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special instructions to F	iling Officer:	
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BEPARLMENT OF SING

2015 NOV 20 P 12:

NOV 23 2075 ).BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 880682 7846535

AUTHORIZATION

COST LIMIT

ORDER DATE: November 20, 2015

ORDER TIME : 12:25 PM

ORDER NO. : 880682-070

CUSTOMER NO: 7846535

### FOREIGN FILINGS

NAME: RELATED WOODCREEK, LLC

CORPORATE

LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

## **COVER LETTER**

	istration Section ision of Corporations				
SUBJECT:	Related Woodcreek, LLC				
SUBJECT:	(Name of Fo	reign Limited Liability (	Company)	<del></del>	
Dear Sir or N	Aadam:				
The enclosed	withdrawal and fee(s) are submitted	ed for filing.			
Please return	all correspondence concerning this	matter to the following	:		
	(Name of Person)				
	(Firm/Company)				
<del></del>	(Address)		-		
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Co	de)		201 SE	
For further in	nformation concerning this matter, p		INDAGGE C	SEGRETARY O	
	(Name of Person)	at (at	Day time Telephone Number)	U	i karang
	(Name of Person)	(Alea Code &	Daytime Telephone Number)		- Augus
Reg Div Clif 266	REET/COURIER ADDRESS: cistration Section ision of Corporations fron Building I Executive Center Circle lahassee, Florida 32301	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	28 28	
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

Related Woodcreek, LLC	
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
02/16/2011	
(Da	ate registered with Florida Department of State)
M11000000786	
	(Florida Document Number)
This limited liability compar	ny is withdrawing its certificate of authority in this state.
Paul Izzo	(Signature of authorized representative)  (Typed or printed name of signee)

Filing Fee: \$25.00

## **COVER LETTER**

	stration Section sion of Corporations					
SUBJECT:	Related Woodcree	ek, LLC				
	(N	ame of Foreign L	imited Liability (	Company)		
Dear Sir or M	adam:					
The enclosed	withdrawal and fee(s) a	e submitted for fi	ling.			
Please return	all correspondence conc	erning this matter	to the following	;		
water the second	(Name of Po	erson)	· · · · · · · · · · · · · · · · · · ·			
	(Firm/Cony	pany)		Ās	28	
	(Address)			ECRETARY O LLAHASSEE.	2015 NOV 20	Sec.
For further in	(City/State	and Zip Code)	ali:	FLORIDA	P 12: 28	
		-	at (	)		
	(Name of Person)			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 followin	g amount:				
□ \$25 Filing	Fee S30 Filing I Certificate		5 Filing Fee & entified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		