Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000212962 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL LAGUNA BAY OWNER LLC

Certificate of Status	0
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Corporate Filing Menu

S Warren

AUG 3 0 2016

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COVER LETTER

TO: Registration Division of	n Seution l'Corporations		
LAG SUBJECT:	UNA BAY ASSOCIATES L	TC	
309/801,	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdi	rawul and fee(s) are submitte	ed for filing.	
Picase return all con	respondence concerning this	matter to the following	;
Emily Pearl			
	(Name of Person)		-
CT Corporation			
	(Firm/Company)		-
1999 Bryan Street,	Suite 900		
	(Address)		-
Dallas, TX 75201			
	(City/State and Zip Cod	le)	•
For further informat	ion concerning this matter, p	olease call:	
Emity Pearl		949 ni (743-8138
(N	ame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tullahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		tration Section ion of Corporations Box 6327	
Enclosed is a check	for the following amount:		
2 \$25 Filing Fee	O \$30 Filing Foe & Certificate of Status	O \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

8/29/2016 9:28:51 AM From: To: 8506176383(4/4)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Laguna Bay Associates LL	C
	(Name of limited liability company)
Dolaware	
	(Jurisdiction of its organization)
04/16/2008	
	(Date registered with Florida Department of State)
M08000001835	
•	(Florida Document Number)
This limited liability co	mpany is withdrawing its certificate of authority in this state.
_W	8rul
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Signature of authorized representative)
Kon Orge	ı
with wanger	(Typed or printed name of signee)

Filing Fee: \$25.00

TECRETARY DE STATE



August 29, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAGUNA BAY OWNER LLC C/O PHOENIX REALTY GROUP, LLC 645 MADISON AVENUE, 5TH FL NEW YORK, NY 10022

SUBJECT: LAGUNA BAY OWNER LLC

REF: M08000001835

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H16000212962 Letter Number: 116A00018284

2016 AUG 29 AM 9: 58 ATT AHASSIF FROM DA