

M11000001973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

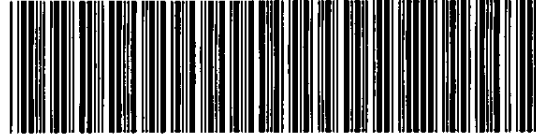
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 DEC -6 AM 8:28

DIVISION OF ELECTIONS

RECEIVED


16 DEC -6 PM 5:09

17 ADVISORY  
SUFFICIENCY OF FILING

O SIMMONS

DEC 07 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 393071 4320946  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : December 6, 2016  
ORDER TIME : 2:58 PM  
ORDER NO. : 393071-020  
CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 919 BALLARD STREET HOLDINGS,  
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: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 919 Ballard Street Holdings, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name 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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

919 Ballard Street Holdings, LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

4/20/2011

(Date registered with Florida Department of State)

M11000001973

(Florida Document Number)

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

*Kimberly Harkins*

(Signature of authorized representative)

Kimberly Harkins, Authorized Person

(Typed or printed name of signee)

**Filing Fee: \$25.00**

16 DEC -6 AM 8:28  
DIVISION OF CORPORATIONS

**FILED**