

M14000008172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

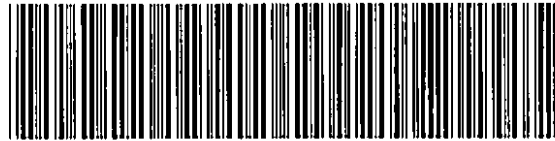
(Document Number)

Certified Copies _____ Certificates of Status _____

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Wrong Form

Office Use Only



900321630179

FILED
18 DEC 14 AM 7:17
TALLAHASSEE, FLORIDA

RECEIVED
18 DEC 14 PM 2:50

K. SALY

DEC 19 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 543163 8031164

AUTHORIZATION :

COST LIMIT :

Frank Coleman
\$ 25.00

ORDER DATE : December 14, 2018

ORDER TIME : 3:50 PM

ORDER NO. : 543163-240

CUSTOMER NO: 8031164

FOREIGN FILINGS

NAME: AB MERION II TUSCANY, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX 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: Emily Croft - EXT# 62925

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2018

CSC

SUBJECT: AB MERION II TUSCANY, LLC
Ref. Number: M14000008172

RESUBMIT

Please give original
submission date as file date

We have received your document for AB MERION II TUSCANY, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC DISSOLUTION, but your entity is a FOREIGN LLC DISSOLUTION. Please complete and return the enclosed blank form(s).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00025756

RECEIVED
18 DEC 18 AM 11:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB MERION II TUSCANY, 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:

c/o Donna M. Rittershausen
(Name of Person)

Merion Realty Partners
(Firm/Company)

308 E. Lancaster Avenue, Ste 300
(Address)

Wynnewood, PA 19096

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard A. Kwait at (610) 896-3000

(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:

- ☐ \$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

AB MERION II TUSCANY, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

November 12, 2014

(Date registered with Florida Department of State)

MI4000008172

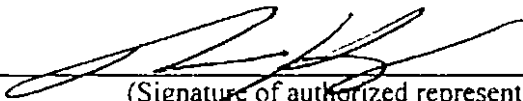
(Florida Document Number)

18 DEC 14 AM 7:17
FILED
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Richard A. Kwait, Authorized Signatory

(Typed or printed name of signee)

Filing Fee: \$25.00