## F1200001055

(Reques	stor's Name)
(Addres	s)
(Addres	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only



700262585367

# AUG -7 AN 9: 20

14 AUG -7 PM 12: 12

AUG 0 8 2014 C. CARROTHERS

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

subjoy of pashoaki sh

DATE:

8/7/14

NAME:

BFIM GLADES GP, INC

TYPE OF FILING: WITHDRAWAL

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
	-					
SUBJECT: BFIM Glades GP, Inc.  (Name of Corporation)						
DOC	CUMENT NUMBER:					
The e	enclosed withdrawal application and	fee are submitted for fil	ing.			
	se return all correspondence concerniner to the following:	g this				
	Hope Johnson					
		(Name of Person)				
	BFIM Glades GP, Inc.					
		(Firm/Company)				
	c/o Boston Financial Investment Manag	ement, LP, 101 Arch Street, 1	3th Floor			
		(Address)				
	Boston, MA 02110					
	(1	City/State and Zip code)				
For fu	urther information concerning this ma	tter, please call:				
Hope.	Johnson	at (617 )48	8 3440			
Enclo	(Name of Person) osed is a check for the amount:		e & Daytime Telephone Number)			
<b>₹</b> \$3	35 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
	MAILING ADDRESS: Amendment Section		STREET ADDRESS:			
	Division of Corporations		Amendment Section Division of Corporations			
	P.O. Box 6327		2661 Evenutive Center Circle			

Tallahassee, FL. 32301

Tallahassee, FL.32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

BFIM Glades GP, Inc.

	(Document Number of Corpora	ntion (if known)	
	(Incorporated Under L	aws of)	
	orporation is no longer transacting business or conducti arily surrenders its authority to transact business or cond	_	of Florida and hereb
appoin	orporation revokes the authority of its registered agents the Department of State as its agent for service of pare it was authorized to transact business or conduct affair	rocess based on a cause o	
The fol	llowing is a current mailing address for the corporation:		
	c/o BFIM, LP 101 Arch Street, 13th Floor		<del>रिक्टर्ड (</del> ज.
	(Mailing Address	3)	
	Boston, MA 02110		
	(City/ State /Zip	)	
			The same of the sa
The co	orporation agrees to notify the Department of State in the	e future of any change in it	ိုင္း က်
The co.	orporation agrees to notify the Department of State in the	e future of any change in it	ိုင္း က်
The co.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	• •	்த ் ம s mailing add <b>re≥</b> s.
The co	orporation agrees to notify the Department of State in the	8/1/2014	்த ் ம s mailing add <b>re≥</b> s.

FL032 - 05/16/2013 Wolters Kluwer Online