

L16 000 179 756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 27 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fistel Realty LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Liliana Fistel  
Name of Person

Fistel Realty LLC  
Firm/Company

267 Oceanic Ave.  
Address

LBTs, FL 33308  
City/State and Zip Code

lilianafistel@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana Fistel at (954) 562-1129  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: Fistel Realty LLC

SECOND: The Florida Document number of the limited liability company is: L160000179756

THIRD: The record to be withdrawn is: Articles of Dissolution  
for a Limited Liability Company

FOURTH: Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.

or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.

[Signature]  
Signature of person submitting withdrawal

Liliana Fistel  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

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Typed or printed name of signature

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Signature of person submitting withdrawal

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Typed or printed name of signature

Filing fee: \$25.00  
Certified Copy: \$30.00 (optional)

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JANET L. HARRIS