## M0000000736

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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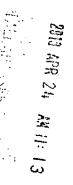
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MPR 2 6 2018 J. HARRIS



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

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: April 24, 2018 ORDER TIME : 9:19 AM ORDER NO. : 177792-140 CUSTOMER NO: 7447138 FOREIGN FILINGS NAME: NORTH ST. PETERSBURG, LLC \_\_\_ CORPORATE \_\_\_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

### **COVER LETTER**

TO:

Registration Section

Division o	f Corporations			
SUBJECT:	NORTH ST.	PETERSBURG, LLC		
(Name of Foreign Limited Liability Company)				
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	s matter to the following	<b>:</b>	
Debra Hartma	an, VP Accounting	,		
	(Name of Person)		•	
c/o Fieldstone	Properties I, LLC			
	(Firm/Company)		-	
1719 Route 10	East, Suite 220			
	(Address)		,	
Parsippany, NJ	07054			
	(City/State and Zip Coo	ie)	•	
For further informat	ion concerning this matter, p	olease call:		
Debra Hartman, VP	Accounting	973 at (	455-8882	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Execu Tallahassee	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
U \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	CI \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	



# Please give original submission date as file date.

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

CSC ROXANNE TURNER

SUBJECT: NORTH ST. PETERSBURG, LLC

Ref. Number: M00000000736



We have received your document for NORTH ST. PETERSBURG, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature on cover letter authorizing the fees is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00008447

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NORTH ST. PETERSBURG, LLC		
(Name of limited liability company)	<del></del>	_
GEORGIA		
(Jurisdiction of its organization)		_
04/14/2000		
(Date registered with Florida Department of State)		<b>-</b> .
M00000000736		
(Florida Document Number)		_
his limited liability company is withdrawing its certificate of authority in this star		
f an effective date is listed, the date must be specific and cannot be prior to date dore than 90 days after filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing is date will not be listed as the document's effective date on the Department of S	requirements	,
(Signature of authorized representative)  Joseph Kazarnovsky, Managing Member		
(Typed or printed name of signee)	WII APR 24 ARI	

Filing Fee: \$25.00