Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SUGARLOAF PROPERTIES, LLC

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K.SALY EXAMINER DEC 20 5013

COVER LETTER

	v	0 1 20 1 20 1	
TO: Registration of	on Section f Corporations		
SUBJECT: Sugi	erlanf Properties, LLC		
	(Name of Fo	reign Limited Lithility	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and feo(s) are submitte	ed for filing.	
Please raturn all con	respondence concerning this	s matter to the following	; ·
Ms. Kny Ameus			
	(Name of Person)		•
Sugartoaf Propenti	s, LLC		
·	(Firm/Company)		
e/u Crescent Comm	ounities, LLC. 227 W. Trade	\$1 Suite 1000	
Charlone, North Co	(Address)		
	(City/Stote and Zip Co	de)	•
For further informat	ion concerning this matter, y	piesse call;	
Sheila Gask		704 at (331.2451
(N	eme of Person)		(Jayrime Telephone Number)
STRRETA	COURIER ADDRESS:	MAIL	LING ADDRESS:
	Registration Section Registration Section		ration Section
	Corporations	Division of Comorations	
Clifton Bui		P.O. Box 6327	
	ative Center Circle	Tallahassee, Florida 32314	
	r, Fiorida 32301	1 (1)	Managart 141 - 2 - 4 may -
Enclosed is a check	for the following amount	•	
Q \$2 \$ Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S SSS Filing Fee & Centified Capy	Certificate of Status & Certificate Copy

FILED

13 DEC 19 PM 1: 30

SCURLIARY OF STATE
TALLAMASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Sugariosi Propentes, LLC
(Name of limited liability company)
Georgia
(Jurisdiction of its organization)
M02000000641
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders in authority to transact business in this state.
This ilmited liability company revokes the authority of its registered agent to accept service on behalf and appoints the Department of State as its agent for service of process based on a caus of action arising during the time it was authorized to transact business in Florida.
6/0 Crescent Communities. LLC. 227 W. Trade Street, Suite 1000
(Mailing address)
Charlotte, North Carolina 38202
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change its mailing address.
L.E.
Signature of member or authorized representative of a member)
Kevin H. Lambert, CPO, Crescent Communities. LLC. Manager
Typed or printed name of signee)

Filing Fee: \$25.00