"M02000001632"

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EXAMINER

COVER LETTER

TO:	Registration Section	•
	Division of Corporatio	ns

☑ \$25 Filing Fee

■ \$30 Filing Fee & Certificate of Status

SUBJECT: Athena Karlton SOBE, LLC (Name of Foreign	1 Limited Liab	ility Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for	or filing.		
Please return all correspondence concerning this man	tter to the follo	wing:	
Amy M. Kwiatkowski			
(Name of Person)	_		
Dickinson Wright PLLC			
(Firm/Company)			
500 Woodward Avenue, Suite 4000			IAIL
(Address)			
Detroit, MI 48226			20: 20:
(City/State and Zip Code)			SCORIO SE PLORIO ALLAHASSES PLORIO
For further information concerning this matter, pleas	se call:		.GRIDA
Amy M. Kwiatkowski	at (313) 223-3137	
(Name of Person)	(Area Co	ode & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section ivision of Corporations .O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

■ \$60 Filing Fee, Certificate of Status &

Certified Copy

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

Athena Karlton SOBE, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0200001632
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service or its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
c/o The Athena Group, L.L.C., 712 Fifth Avenue, 8th Floor (Mailing address)
New York, NY 10019
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Daniel L. Rabinowitz
(Typed or printed name of signee)

Filing Fee: \$25.00